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THE DANCE OF HERE AND NOW: A HEURISTIC JOURNEY UNCOVERING THE ROLE
OF PRESENCE WHILE PRACTICING DANCE/MOVEMENT THERAPY WITH AN
ELDERLY POPULATION EXPERIENCING DEMENTIA

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Thesis submitted to the faculty of Columbia College Chicago

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Department of Creative Arts Therapies

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“If this is your passion, then cultivating presence and being mindful can provide you with the resourcefulness that can help you do your life’s calling with more resilience and more efficacy.”

Daniel Siegel

Abstract

The goal of this heuristic research study was to further explore the concept of presence within the dance/movement therapist, and how presence could be accessed within the practice of dance/movement therapy. Specifically, how I the researcher, can efficiently utilize presence within myself as a vehicle for therapeutic change while working with an elderly population experiencing dementia. Guided by heuristic and intuitive inquiry methodologies, my personal experience of presence was observed and analyzed. Data collection took place over a three month period consisting of structured journaling, embodied movement responses, and spontaneous artmaking in relation to dance/movement therapy sessions. Findings suggested that bodily sensations, environmental elements, relational dynamics, specific processes, and cognitive beliefs were all factors related to the discovery, loss, or maintenance of presence within myself as a clinician. These implications indicated that presence was most effective when emerging from an intuitively mindful place of here and now during a dance/movement therapy session. The personal discoveries made during this investigation of presence within myself as an emerging dance/movement therapist culminated into an active creative synthesis titled *The Dance of Here and Now: An Installation*. These findings, as well as the implications on previous research and the field of dance/movement therapy were discussed at length. Future research questions to further the depth of this topic were also presented.

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Introduction

As an emerging dance/movement therapist, I have spent the past two years learning and exploring the concepts and philosophies which make up the field of dance/movement therapy. Dance/movement therapy (see appendix A) is defined as “the psychotherapeutic use of movement as a process that furthers emotional, cognitive, physical and social integration of the individual” (American Dance Therapy Association, 2015). Many of these theories uncovered themselves in a very natural and comfortable way, allowing me to fully comprehend and practice them. However some concepts proved to be more difficult to fully embody (see appendix A), leaving me with a fair amount of anxiety and discomfort. The most prominent of these concepts was the idea of a “here and now” (see appendix A) approach to therapy. Throughout the literature I will continually refer to this term of here and now. I am personally defining this term as an intersection between the past and future—the present moment. Here and now approaches can be regarded as a way to therapeutically work in the present moment, becoming oriented to when, where, and what is taking place within a session (Atkins, 2014). This type of framework often demands the facilitator to enter a therapy session without any planned interventions or preconceived notions as to how the session might take place. The therapist must remain open to all which could occur in the present moment while working with a client (Atkins, 2014; Baer, 2003; Bishop, 2002; Robbins, 1998; Siegel, 2010).

As an individual who was always planning and consistently thinking five steps ahead, it was extremely difficult for me to be thrown into a dance/movement therapy session which was considered unplanned, and without any structure. This concept of working from a place of here and now continuously proved to be a difficult task for me, and I often found myself attempting to run away from it. However, according to clinical psychologists Geller and Greenberg (2012), the idea of a therapeutic presence (see appendix A) is the fundamental underlying quality of present

moment work, and the therapeutic relationship (see appendix A), which in turn creates the most effective therapy. Coinciding with this fact, dance movement/therapy is a modality which primarily utilizes the body and inherently exists in the present moment experience, naturally bringing clients into a state of presence for healing purposes (Parks, 2008). With both of these elements in mind, I found this phenomenon to be an almost impossible one to avoid within my field. I began to feel that my understanding of presence in the here and now became an important responsibility to my process of becoming an emerging dance/movement therapist.

Within dance/movement therapy, there are a multitude of concepts and techniques which support the framework of working in the here and now. One of these is rooted in pioneer Marian Chace's original approach to dance/movement therapy, where her sessions primarily evoked symbolism which stemmed from the body actions of her patients solely in the present moment. Chace utilized her own body to understand, and thereby communicated acceptance and validity to her patients. This allowed her patients to know they were understood, while also establishing trust (Chaiklin, Lohn, & Sandel, 1993).

Witnessing the portrayal of this phenomenon from professional dance/movement therapists both in my classes and within the clinical field struck me. Perhaps what was so intriguing was the keen sense of presence required of the therapist in order to intuitively provide the most successful interventions for their participants in the present moment. In regards to this idea, I will often mention the term of intuitively within the literature, referring to the concept of intuition (See appendix A). I am personally defining intuition as the natural ability or power which makes it possible for one to know something without any evidence; a feeling which guides a person to act a certain way without fully understanding why. Speaking to this natural ability, Moustakas stated that, "Intuition makes immediate knowledge possible without the intervening

steps of logic and reasoning” (Moustakas, 1990, p.23). This indicated that intuition could be primarily based in the body, as opposed to the mind.

Jung (1973) defined intuition as a perception via the unconscious, using sense-perception only as a starting point, to bring forth ideas, images, possibilities, ways out of a blocked situation, by a process that is mostly unconscious. Within the realm of dance/movement therapy, I continued to witness clinicians utilize the unconscious power of their bodily intuition as a tool to guide them within a therapy session. Supporting the idea that intuition has a place within dance/movement therapy, Anderson believed, “Intuition is defined as a facility of knowing achieved through imaginal and symbolic processes, refined attention to bodily sensations, or alternative states of consciousness in contrast to rational processes” (Anderson, 2006, p.5). This approach appeared to be almost effortless for the professional dance/movement therapists I had witnessed, a truly beautiful experience to observe. I began to wonder how I too could access this unconscious process, and utilize it in my practice.

However as previously mentioned, I was primarily struck by what I had perceived as a strong sense of presence within these dance/movement therapists in order to listen to their intuition. Throughout this paper I will continuously explore the concept of presence (see appendix A). I am personally defining this term as a way of being fully conscious, attentive, and present in the moment with mind, body, and spirit. During my research and time as a dance/movement therapy student, I encountered many interpretations of the word presence which resonated with me; however presence is often defined as a way of being fully conscious and attentive in the present moment with one’s whole self (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001).

The concept of presence within the therapist is an important idea to consider, as it is crucial to the development of beneficial therapy. According to the research done by clinical psychologists Geller and Greenberg (2012), clients reported positive change and stronger therapeutic relationships following a therapy session in which they perceived that their therapist was fully present with them. After witnessing the impact of how influential presence could be within the realm of therapy first-hand, I questioned how I could develop a sense of presence within myself as an emerging dance/movement therapist.

This idea of working from a place of here and now coupled with the specific role of presence within dance/movement therapy became increasingly acute for me when I began my clinical work at an elderly day care center for seniors primarily diagnosed with dementia (see appendix A). Entering this new environment, I had no prior experience with this specific population before, causing me to rely on therapeutic interventions which had previously worked for me in the past. However, when I began leading dance/movement therapy sessions, I noticed that a majority of my previously learned techniques were no longer successful in this type of environment.

The effects of dementia are degenerative, and contribute to a decline in memory, communication, language, reasoning, judgment, visual perception, abstract thinking, and ability to focus or pay attention (Lunde & Smith, 2014). With all of these factors weighing against me, I suddenly realized many of my previous interventions relied solely on the cognition of the mind, as opposed to the knowledge of the body. Dance/movement therapists are unique in the way they utilize the five senses, proprioception (inner body senses), and kinesthesia (sense of movement) as sources for subtle forms of information which are typically unavailable to the thinking and conceptual mind (Anderson, 2006). As I often found myself doing in the past, I relied on my

cognition to lead the therapeutic session; leaving my body behind. However this was detrimental, as dance/movement therapists Berrol and Cruz stated, “The nature of knowledge in dance/movement therapy is very much grounded in the body, in creativity, and in dance” (Berrol & Cruz, 2012, p.219). As an emerging dance/movement therapist, how could I possibly leave behind my biggest tool for discovery and healing within the therapeutic relationship?

Psychiatrist Siegel (2010) spoke to this idea of allowing our cognition to jeopardize the therapy session when he stated, “That is how top-down constraints imprison us from experiencing the bottom-up flow of incoming data. To be truly open to another person’s signals, we need to transcend our own prisons of memory and move towards an open state of presence” (Siegel, 2010, p.35). What Siegel was referring to was the idea that if therapists are to be considered truly present and open to whatever occurs in the session, they must let go of their own thought processes and allow bodily sensations to intuitively provide interventions which will best suit the needs of their client. After making this small discovery for myself, I recognized I was often not present during my dance/movement therapy sessions, as I consciously shifted my interventions to a place of cognition. I was no longer empathically meeting my clients where they were at, or providing them with what they needed in the present moment. This disconnect resulted in dance/movement therapy sessions which felt contrived; no longer meeting the needs of my clients, nor honoring our therapeutic process.

However when I intentionally began attempting to lead unplanned dance/movement therapy sessions from a place of here and now, I often found myself freezing, panicking, and losing awareness of my body. Without realizing, I would turn to my cognition for help, desperately attempting to develop interventions which would benefit my clients. Experiencing this type of disconnect from my own body triggered me to lose any sense of presence within

myself as a facilitator, causing my therapeutic relationships with my clients to suffer. As this was occurring, self-judgment, questioning, and disbelief in my ability to perform efficiently as a future dance/movement therapist began to seep in and eat away at my confidence. I simply did not possess the tools necessary to maintain a sense of presence while utilizing a here and now approach within this environment. After experiencing this issue on several different occasions, I decided it was an area of focus in which I needed to further analyze and uncover meaning.

I became increasingly curious about my personal relationship to presence while working with the diagnosis of dementia specifically. I began to notice how often these clients were disoriented, and unaware of their own bodies; seemingly presence-*less*. While attuning to this type of behavior and cognition, I often find myself becoming increasingly disoriented and confused. At an attempt to utilize what Siegel (2010) had referred to as a “bottom-up” approach to therapy, I began to take on the symptomology of this diagnosis. Medical intuitive Myss (1996) referred to this phenomenon in an interesting way when she stated, “Some people remark that they feel ‘drained’ after being with a certain person or in a particular environment. These common words, in fact, come closer than we may think to describing the interaction of our energy field with our environment” (Myss, 1996, p.50). What Myss was referring to in this statement is the concept of somatic countertransference (see appendix A).

Countertransference (see appendix A) is a term commonly used within the field of psychology, referring to the shifting of a therapist’s feelings and emotional confusion towards a client (Racker, 1982). Somatic countertransference refers to the bodily sensations a therapist feels when experiencing these countertransferential reactions (Dosamantes-Beaudry, 2007). With this phenomenon presenting itself throughout my dance/movement therapy sessions, it became

apparent that the importance of obtaining therapeutic presence within this type of environment was increasingly necessary and complex.

I began to realize it was essential for me to discover personal tools in which I could anchor or ground (see appendix A) myself within this environment; providing an orienting structure in which these clients could feel safe to move within, to better regulate, and to safely discover themselves. Grounding is thought to aid in self-regulation by bringing the person into a here and now awareness where all self-regulation work can take place (K. Juzwin, personal communication, 2006). I needed to discover ways in which I could fully access presence within myself as a clinician in order to efficiently work in a place of here and now. I was disillusioned that I could continue to evade present-moment work within the field of dance/movement therapy; however, working with an elderly population experiencing dementia truly brought this essential tool to the forefront. It is because of this, I decided to further investigate the meaning of presence for myself as a clinician while working within the realm of here and now as an emerging dance/movement therapist.

My decision to embark on this research journey initially emerged from a desire to be the best version of myself as a future dance/movement therapist as I could possibly be. I hoped to further understand my relationship to presence while working from a place of here and now as it related to my future understanding of who I was becoming as an emerging dance/movement therapist. Through this greater understanding of my relationship to presence within a dance/movement therapy group, I hoped to further connect with my intuition and provide interventions which would best suit the needs of my future clients.

This research sought to discover what presence may truly look like within me as a clinician during dance/movement therapy sessions with an elderly population experiencing

dementia. This study also sought to ascertain specific therapeutic tools which would allow me to continually access and maintain presence for future dance/movement therapy sessions. To research this topic, I utilized the methodology of heuristic inquiry, which analyzes the personal experience of the researcher as the primary source of data. Through this self-study, I was able to discover how I could better understand the role of presence within my approach to dance/movement therapy while working with an elderly population experiencing dementia. Simultaneously, as heuristic research often does, the discoveries I have made about presence have filtered into my everyday life as well, inspiring me to consistently live in the here and now.

The examination and discovery of what presence might look like within me while attuning to an elderly population experiencing dementia truly aided in my ability to solidify my personal theoretical framework as an emerging dance/movement therapist. Utilizing a here and now approach allowed my sessions to unfold organically in response to what my clients brought to the session, supporting my belief in a person-centered approach to therapy. Person-centered therapy, originally developed by Carl Rogers (1979) can also often be referred to as Rogerian psychotherapy. This therapeutic approach incorporated concepts such as an unconditional positive regard, genuineness, and accurate empathy evoked from the therapist. Person-centered therapy also included the belief of living in the present moment, which supported the need for a here and now approach as well (Rogers, 1979).

Through this study I was concurrently able to finally welcome and incorporate the work of Marian Chace into my approach to dance/movement therapy. As stated previously, Marian Chace, pioneer in the field of dance/movement therapy, often embodied a patient's world by reenacting the essential constellation of movements characterized by the patient's expression (Chaiklin et al., 1993). Chace considered the therapeutic movement relationship to be integral to

beneficial therapy (Chaiklin et al., 1993), complementing the ideology of Carl Rogers (1979). Chace primarily developed therapeutic relationships on a movement level, by visually and kinesthetically embodying a patient's movement expression in the present moment. Through this approach, Chace was able to incorporate the emotional content of her patient's behavior into her own body and her movement responses, quite literally expressing, "I know how you feel" through the words of movement (Chaiklin et al., 1993).

As the progression of this research study evolved, I began incorporating more and more Rogerian and Chacian techniques into my approach to dance/movement therapy. Person-centered care remained at the heart of my theoretical framework, however through a greater understanding of Chace, and my relationship to presence within the here and now; I have developed the skillset necessary to provide present-moment interventions which will best suit the needs of my future clients and myself as a clinician. In the following chapter, I will discuss the subjects which began the development of this discovery, covering the topics of presence, mindfulness, here and now, embodiment, the therapeutic relationship, dementia, and dance/movement therapy (see appendix A for each of these terms) in greater depth.

Literature Review

As I continued to research and discover more about the role of presence within the practice of dance/movement therapy as well as within other modalities, I discovered several different ways in which clinicians and professionals were speaking to it. Often times it would be referred to as the therapeutic presence, mindfulness, embodiment, or even working purely from a place of “here and now.” Each viewpoint had its own definition, with the tendency to complement one another. These combined viewpoints have provided me with greater insight towards the importance of presence within the therapeutic relationship, particularly for an elderly population experiencing dementia.

Presence

Presence is often defined as a way of being fully conscious and attentive in the present moment with one’s whole self (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001). According to clinical psychologists Geller and Greenberg (2012), the idea of a therapeutic presence is the fundamental underlying quality of the therapeutic relationship, which in turn created the most effective therapy. In regards to this concept, Geller and Greenberg stated, “Bringing one’s whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind” (Geller & Greenberg, 2002, p. 72). Therapeutic presence demands that the therapist be fully in the moment on a multitude of levels, physically, emotionally, cognitively, spiritually, and relationally. A therapist who is considered present becomes more aware of both his or her own experience and that of their clients through bodily sensations and emotions. An influential finding of the research done by Geller and Greenberg (2002) indicated that clients reported positive change and a stronger therapeutic relationship alliance following a therapy session in

which they perceived that their therapist was fully present with them (Geller & Greenberg, 2012).

Robbins (1998), renowned author and art therapy professor, also commented on the importance of therapeutic presence within his research on psychoanalytic psychotherapy and object relations theory. He spoke to maintaining this presence as an ongoing and grueling emotional balancing act. The role of the therapist is to be openly receptive to the clients, and offer themselves as “containers” (Robbins, 1998, p.10). Often times within the realm of the therapeutic world, clinicians refer to a therapist’s ability to provide a safe space for their clients to express, as providing a type of container. However the state of this containment requires an emotional centering of the therapist (Robbins, 1998). Robbins elaborated more on this process when he stated, “It is the shifting from inside to outside, self to other, affect to cognition that became the very essence of what I call therapeutic presence” (Robbins 1998, p.10). This shift from self to other continues to foster the trust and security for a flow of information to take place between therapist and client within the safe space.

Siegel (2010), psychiatrist and expert in the field of neuroscience, also spoke to these elements of presence, inside to outside, and the concept of self to other within many of his books on neurobiology:

The way in which we are grounded in ourselves, open to others, and participate fully in the life of the mind, are important aspects of our presence at the heart of relationships that help others grow. This inside-out view helps us see what we need to do inside ourselves as professionals to develop this essential receptive starting place for all clinical endeavors. (p. XX)

Siegel (2010) delved deeper into the concepts laid out by Robbins (1998), by speaking to the need for grounding and openness in order to fully participate in a therapeutic relationship. Psychotherapist Yalom (2002) echoed this concept within his extensive research on group dynamics, defining the concept of being present as a deep connection with self and with other, characterized by warmth, trust, acceptance, and empathic understanding, adding to the necessity of a safe container.

Experts within the fields of existential psychotherapy and neurobiology, Yalom (2002) and Siegel (2010) referred to presence as a fundamental principle of therapy, central to effecting change, and the most crucial element of helping others heal. Being present helps to develop focus, resourcefulness, and perspective which supports therapists as individuals who are aiming to help others heal (Siegel, 2010). It is often believed that our presence—not the interventions we offer, or the theoretical stance we take—is the most robust predictor of how our patients will respond (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Siegel, 2010; Twemlow, 2001).

Siegel placed a great deal of importance on the role of presence when he stated, “Presence is vital to our clinical work. Nothing substitutes for presence” (Siegel, 2010 p.16). With the idea of presence weighing so heavily on the quality of the therapeutic relationship and the efficacy of our work as clinicians, it is important to understand some of the complex qualities presence entails. Presence involves the flexible movement in and out of experience so that one is not locked into some biasing propensity of restricting probability, or fixed patterns of activation. Presence is an open and flexible movement through time (Siegel, 2010). Siegel (2010) believed being present with someone literally meant to be open to all that could emerge from being with. However because of this, presence required both a tolerance for uncertainty and vulnerability.

Similar to what Seigel (2010) referenced as a need for flexibility, renowned author Scharmer (2009) believed presence involved full conscious awareness in the present moment, deep listening, letting go of old identities, preconceptions, desires of control, and ways of making sense. Scharmer (2009) spoke to the idea of presence as a fundamental aspect to bring about positive change. His personal theory involved the idea of “presencing”(Scharmer, 2009, p.70)—a combination of presence and sensing, which included “suspending, redirecting, letting go and letting come” (Scharmer, 2009, p.70), as well as envisioning, enacting, embodying and seeing from the deepest source of one’s being. Scharmer stated that within presencing, we are able to pay attention in a way which could shift our awareness and open our hearts and minds, and that within this state, the boundaries between self and world dissolve.

Scharmer (2009) provided a refreshing outlook on the idea of presence which took on a much greater macro and overarching lens. To concretize such an esoteric concept, the research done by clinical psychologists Geller and Greenberg (2002) provided a great deal of insight. These researchers created a working model of therapeutic presence by interviewing seven experienced therapists, analyzing the data, and exploring the three main domains which emerged:

One domain entails *preparing the ground for presence*, referring to the pre-session and general life preparation for therapeutic presence. The second domain describes the *process of presence*, the processes or activities the person is engaged in when being therapeutically present. The third domain reflects the actual in-session *experience of presence*. (p.71)

These domains gave the impression that presence could in fact play a factor before a session even began, as well as continually play a crucial role throughout the session, both through the processes and experiences of the therapist. Essentially, presence must be consciously invited into

the session, continually nurtured throughout, and mindfully recognized after the session is complete.

With the concept of presence being so crucial to the efficacy of therapeutic work, while simultaneously requiring a vast amount of intentionality, the actual practice of presence appears to be very demanding on the therapist. Without ways to strengthen the mind—to build the resilience that comes with being present, clinicians are at risk of becoming overwhelmed in the moment, and of burning out in the long run (Siegel, 2010). Within Siegel's (2010) research on presence, he sought to discover tools which could provide the skills necessary as a therapist to know oneself so deeply that one could maintain their own equilibrium, while bringing clarity and tranquility to others. His research on mindfulness as a practice to bolster one's ability to acquire and maintain presence became hugely influential during this research process, prompting the discovery of other practitioners utilizing similar mindfulness ideologies as well.

Mindfulness

Mindfulness is commonly defined as a state in which one is highly attuned to the reality of the present moment, bringing attention to all that is happening without any preconceived judgement (Bishop, 2002; Kabat-Zinn, 2005; Siegel 2010). As stated previously, the attainment of presence is a skill that often must be learned, and through ongoing practice, a person can become more capable of accessing a state of being present in the moment. Often times this specific practice is called mindfulness (Tolle, 2006). Doctors Geller and Greenberg (2012) have defined mindfulness as related to, but not distinct from presence. Within their research on creating a working model of therapeutic presence, they regarded mindfulness as a technique or practice which could help to develop qualities of presence, and facilitate the therapist's ability to be present with a client.

In a similar study, Beckman, Epstein, and Krasner (2009) examined the concept of mindfulness within a medical model. This research studied the impact of mindfulness practice as a form of continuing education for primary care physicians, examining the well-being of the physician, and the type of care they provided when mindfulness was incorporated into their practice. Semi-structured interviews with primary care physicians took place after each had completed a 52-hour mindful communication program. This study revealed how becoming more attuned to oneself as a physician and to patients with mindfulness practice could improve a physician's own sense of well-being, as well as improve their attitudes toward others. When physicians trained themselves to become more mindful, the research demonstrated that it prevented burnout, bolstered resilience, improved well-being and self-awareness, promoted positive attitudes toward patients, and allowed physicians to respond more effectively (Beckman et al., 2009). These findings align perfectly with the needs of all clinicians practicing in the realm of psychology as well. Mindfulness proves to be an invaluable aspect to the health and well-being of both clinician and patient throughout all healing modalities.

Siegel's interdisciplinary work in the field of neurobiology included research on the present moment, and mindful awareness, "Being mindful is a state of awareness that enables us to be flexible and receptive and to have presence" (Siegel, 2010 pg.1). Mindfulness can be regarded as a way of paying attention, on purpose, in the present moment, without grasping onto judgments (Bishop, 2002; Kabat-Zinn, 2005; Siegel 2010). This mindful awareness without judgment included: having an open stance toward oneself and others, emotional equanimity, and the ability to describe the inner world of one's mind without preconceived definitions.

Siegel spoke to this process of maintaining an open stance towards others when he stated, "Mindful awareness has the quality of receptivity to whatever arises within the mind's eye,

moment to moment” (Siegel, 2006, p. 250). Mindfulness entails the conscientious, creative, and contemplative aspects of consciousness. One must maintain an attitude of “COAL—curiosity, openness, acceptance, and love” (Siegel, 2010, p.15) when truly becoming mindful of the here and now experience (Siegel 2010). Siegel often spoke to the idea of mindfulness in a way which demanded a multifaceted, comprehensive, receptive approach from the therapist at all times.

Kabat-Zinn (2005) executive director of the Center for Mindfulness in Medicine, and expert in the field of health sciences, often spoke to the cultivation of non-judgmental presence through mindfulness practice as an important aspect of healing. Through the cultivation of his world-renowned stress reduction clinic, Kabat-Zinn (2005) often spoke to the use of ancient, meditative methods which incorporated the senses, mind, and body, as being the most proactive approach to healing. Psychologist and psychoanalyst Bishop (2002) also spoke to the concept of mindfulness in his research related to stress reduction:

Mindfulness has been broadly conceptualized as a state in which one is highly aware and focused on the reality of the present moment, accepting and acknowledging it, without getting caught up in thoughts that are about the situation or in emotional reactions to the situation. (p. 71)

Again, this concept of a non-judgmental mindfulness is spoken to; however Bishop (2002) incorporated the need to acknowledge thoughts and emotions which are bound to occur during a present moment experience, without allowing them to take over the therapist’s ability to remain mindful.

Similar to Kabat-Zinn (2005), Bishop (2002) believed that unlike other states of attention, mindfulness is an attempt to gather information from all available stimuli. With the use of a mindfulness practice, one takes in cognitive, emotional, and somatic data and surrenders to the

moment (Bishop, 2002). Baer (2003) expert in the field of mindfulness-based treatment approaches, echoed this concept within her research on the assessment and conceptualization of mindfulness-based interventions, “Mindfulness involves intentionally bringing one's attention to the internal and external experiences occurring in the present moment, and is often taught through a variety of meditation exercises” (Baer, 2003, p.125). As discussed previously in the literature, this inside-out view helps the therapist to discover what he or she needs to tend to inside themselves as professionals, in order to develop this essential receptivity needed for the therapeutic relationship (Siegel, 2010).

As the operational definition of mindfulness continues to grow in complexity, it has become apparent that one of the most critical skills required involves one’s ability to bring attention to all that takes place in the present moment, which can be learned through meditative and mindfulness practices. In relation to the acquisition of this desired skill within mindfulness, Siegel has simply stated that there must be an “Awareness of awareness and attention to intention” (Siegel, 2010, p.28). Such complex mindfulness practices may activate a receptive state of self, and bring about a deep sense of clarity for the clinician within the therapy session (Siegel, 2010). This sense of clarity may often filter into the personal life of the clinician as well, intentionally incorporating mindfulness practices into daily routines.

With a less complex lens, Langer (2000) professor of psychology at Harvard University spoke to mindfulness simply as the process of drawing novel distinctions, and actively drawing on these distinctions to keep one situated in the present. This process of mindfulness could lead to various diverse outcomes including: a greater sensitivity to one’s environment, increased openness to new information, the creation of new categories for structuring perception, and enhanced awareness of multiple perspectives in problem solving (Langer & Moldoveanu, 2000).

This approach to mindfulness complements the fundamental frameworks of Kabat-Zinn (2005), Siegel (2010), Bishop (2002) and Baer's (2003) concepts of mindfulness—bringing greater attention to the surrounding environment, maintaining openness, and surrendering to the present moment in order to develop a greater sense of perspective.

As Langer (2000) has stated, “The subjective *feel* of mindfulness is that of a heightened state of involvement and wakefulness or being in the present...Mindfulness is not a cold cognitive process. When one is actively drawing novel distinctions, the whole individual is involved” (Langer & Moldoveanu, 2000, p.2). This concept of the whole self being involved within the therapy session was previously spoken to (Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001), where therapeutic presence demanded that the therapist be fully in the moment on a multitude of levels: physically, emotionally, cognitively, spiritually, and relationally (Geller & Greenberg, 2002). These concepts of both presence and mindfulness appear to work dynamically, one element consistently feeding into the other. However it is important to consider the framework of time and space in which these phenomena occur so harmoniously.

Here and Now

The term here and now is often regarded as a kind of intersection between past and future (Parks, 2008), a moment in time occurring in the present moment. Here and now is occurring constantly, it is taking place now as you read this sentence. The difference however, is how one chooses to recognize this moment, and welcome it with all of its uncertainty. There are many ways in which one can bring greater awareness to the present moment as observed within the previous literature. However it is important to recognize the overarching experience which is taking place at all times during these experiential practices, the here and now. Through the development of mindfulness, embodiment, or presence, each phenomenon is occurring during a

here and now experience. When one's attention can be fully in the now, transformation is possible (Tolle, 2006).

Here and now approaches to therapy are becoming increasingly popular due to the influential impact it can have on the therapeutic relationship. Most approaches to psychotherapy agree that therapeutic work within the realm of here and now has the greatest power to bring about change (Stern, 2004). Stern (2004), psychiatrist and expert in the field, has written about the concept of the present moment in a global sense, while specifically focusing on the therapeutic setting. In his book, *The Present Moment in Psychotherapy and Everyday Life*, Stern mentioned alternative schools of therapy which focused on present moment work, these therapies included: Gestalt, relational, expressive, music, and dance/movement. This indicates that present moment work is becoming more accredited within the world of psychology, weighing heavier on the importance to further understand and examine it.

As discussed previously within the literature, there appears to be many avenues in which one could take in order to bring greater awareness to the here and now experience. Mindfulness we discovered has been broadly conceptualized as a state in which one is highly aware and focused on the reality of the present moment through practices such as paying attention to all available stimuli (Baer, 2003; Bishop, 2002; Kabat-Zinn, 2005; Siegel 2010). These stimuli involved all elements within the environment which could be noticed by the therapist, and recognized within their own internal processing. Often times the flow of information from this stimulus within a here and now experience was processed in various different ways, including the avenue of the body.

The concept of allowing bodily sensations to bring one into a present moment experience is not a new one. Embodiment (see appendix A) is an instrumental way in which to access these

bodily felt sensations. More specifically within the realm of dance/movement therapy, embodiment is viewed as allowing the body to bring attention to the here and now experience (Tantia, 2014). Simply taking the time to intentionally access the five senses can be a fantastic way to anchor one into a present moment experience as well. Dance/movement therapists often utilize these five senses, proprioception, and kinesthesia as sources for subtle forms of information about a here and now experience (Anderson, 2006). Intertwined with this idea of multileveled awareness is the concept of openness which one must possess to fully experience a present moment mindfully (Atkins, 2014; Baer, 2003; Bishop, 2002; Robbins, 1998; Siegel, 2010). When a person can be openly present to an experience without attention to an end result, there is a greater sense of vitality and joy (Siegel, 2007; Tolle, 2006).

As simple as bringing awareness to the five senses may sound, the exercise of recognizing the here and now moment is not as common of a practice as one might think. The Japanese expression “*nakaima o ikiru*” originating from Shinto, means to “live in the Now” (Shinto, 2015). Psychologically speaking, human beings typically do not “live in the Now”; thoughts continuously stray into the past or future. Even when one is focused on the task at hand, there is still often no real awareness of the present moment. Life passes by without the light of self-awareness. “*To live in the Now* means to realize, *I am here, in this moment*. It is an effort to observe yourself in the passing moment” (Shinto, 2015). When working from a place of here and now, psychotherapist Yalom (2005) believed that the therapist moves the focus from inside to outside, from the abstract to the specific, from the generic to the personal, from the personal to the interpersonal.

This shifting awareness and curiosity from the internal world to the external world, from self to other, is an integral goal within present moment therapeutic work (Robbins, 1998; Siegel,

2010; Yalom, 2002). As art therapist Robbins stated previously, “It is the shifting from inside to outside, self to other, affect to cognition that became the very essence of what I call therapeutic presence” (Robbins 1998, p.10). Within dance/movement therapy, it is the search for those “moments of grace” (Adler, 2007, p.12) in which the therapist is finally able to invite the here and now to unfold organically with a client (Adler 2007; Lavendel 2003).

Psychotherapist Gunzberg (2011) echoed this belief:

In order to help clients change, we have to allow ourselves to be changed by what we, in the therapeutic relationship, do together. Working in the present, in the room directly with what is happening, demands that the therapist emotionally connect with the client and not just sit back, hidden by our professional role of “helper” or “expert.” It requires emotional involvement, reflection, vulnerability, transparency, and risk. (p. 3)

The idea of the therapist being the sole expert in the room is a common misconception within the therapeutic world. As stated previously, the therapist must remain open to all which could take place in the present moment while working with a client in a sacred space (Atkins, 2014; Baer, 2003; Bishop, 2002; Robbins, 1998; Siegel, 2010). As a therapist remains open to all which could emerge from being with (Siegel, 2010), the therapist must invest their whole self to the therapeutic relationship, inherently inviting shifts and changes to occur within his or herself as well.

Through all of this dissection of presence and mindfulness within here and now approaches, it is imperative not to lose sight of why one seeks to better understand these concepts in the first place. These elemental factors are regarded as being hugely beneficial for the client, for the therapist, and for the relationship itself. Most importantly, the quality of the therapeutic relationship is often considered to be the most robust predictor of positive change

within all therapeutic approaches (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Siegel, 2010; Twemlow, 2001).

The Therapeutic Relationship

At the heart of all therapy is the therapeutic relationship; the bond between clinician and client. Carl Rogers often spoke to having unconditional positive regard (Rogers, 1979) within the therapeutic relationship, referring to the counselor's ability to receive whatever the client brings with an attitude of acceptance and non-judgment. Unconditional positive regard echoes these concepts of openness and non-judgmental presence once again (Atkins, 2014; Baer, 2003; Bishop, 2002; Robbins, 1998; Siegel, 2010). Effective therapists must also maintain a sense of congruence within the therapeutic relationship, requiring that they have an understanding of themselves, their own needs, and their patterns of behavior (Atkins, 2014).

Complementing Carl Rogers' client-centered approach, Siegel (2010) believed that being present with someone literally meant to be open to all that could emerge from being with. Siegel (2010) also believed that attunement (see appendix A) was a key aspect to the development of a therapeutic relationship, and the recognition of presence. Attunement can be thought of as signals which are sent from one person to another, tuning into those incoming streams of information, and attending fully to what is being sent rather than becoming swayed by our own personal biases (Siegel, 2010).

Related to the impact of this concept, Siegel stated that, "...the physiological result of presence and attunement is the alignment of two autonomous beings into an interdependence and functional whole as each person influences the internal state of the other. With resonance we come to 'feel felt' by the other" (Siegel, 2010, XX). Siegel (2010) often referred to this phenomenon with a term he coined as "mindsight" (Siegel, 2010, p.XII). Mindsighting provides

us with greater empathy and insight to more deeply sense and understand ourselves and others within relationships. This inner clarity can help us to modify the flow of energy and information within our own lives and in our interactions with others. Specifically for dance/movement therapists, this embodied self-experience provides clues as to what the client may be experiencing in the moment (Anderson, 2006; Rothwell, 2006).

This type of fluidity and vitality between two individuals takes place when there is an invitation for what Siegel refers to as a “FACES flow” (Siegel, 2012, p.347). This type of integrative harmony is based on an environment that is “flexible, adaptive, coherent, energized, and stable... These reciprocal and cooperative processes may characterize the healthy ongoing development of the individual mind, dyadic relationships, and nurturing communities” (Siegel, 2012, p.327). When a clinician invites a FACES flow to the therapy session, a stable environment develops as the therapeutic relationship continues to foster.

Within dance/movement therapy, the therapist brings forth greater attention to what is happening within themselves in the present moment, to feelings, inner sensations, images, associations, imaginations, emotions, and bodily experiences. A dance/movement therapist who is considered present becomes more aware of both their own experience and that of their clients through embodying these bodily sensations and emotions (Anderson, 2006; Atkins, 2014).

Dance/movement therapy pioneer Marian Chace considered the therapeutic movement relationship to be integral to beneficial therapy. Chace primarily developed therapeutic relationships on a movement level, by visually and kinesthetically (see appendix A) embodying a patient’s movement expressions. Chace was able to incorporate the emotional content of her patient’s behavior into her own body and movement responses, quite literally expressing, “I know how you feel” in terms of movement (Chaiklin et al., 1993).

There appears to be an interconnected dynamic between presence and the therapeutic relationship; one consistently feeding into the other, fostering growth. As mentioned previously within the literature, according to Geller and Greenberg (2012), the therapeutic relationship is fundamentally developed through the concept of presence, which in turn created the most effective therapy. The research done by doctors Geller and Greenberg (2012), suggested that presence involved more than just the quality of being of the therapist, but included the presence of the client, and the dynamic relationship itself. Presence is a complex and co-constructed concept. Clinical psychologist Geller (2013) stated:

As clients experience their therapists' presence, they become more present themselves and with their therapist. As both open and become present with each other, relational therapeutic presence begins to emerge. Relational therapeutic presence refers to the deepening of the state of presence that occurs as a function of two (or more) people being fully present with one another. The relationship between creates a larger sense of spaciousness and access to wisdom and flow that is opened in relationship to each other and the moment. (p.180)

Geller spoke to the correlational relationship between the increased presence of the therapist and that of the client. This resonated with the beliefs of Gunzberg (2011), wherein the therapist must allow him or herself to be changed by what occurs in the present moment with the client as a type of co-constructed journey. Within the therapeutic relationship, the changes of one person, inherently affect the other.

Complementing Geller's (2013) concept of relational presence and an increased sense of spaciousness in between the relationship, expressive therapist Atkins (2014) considered presence as an interactive encounter with whatever was present in awareness, including the self, the other,

and the atmosphere that was created in between. This type of process is dynamic—changing moment to moment. The attitudes of care and respect for oneself, the other person, and for the relationship itself are considered fundamental aspects of presence. Atkins (2014) described this concept further:

In any relationship in which the goal is positive change on the part of the client, being fully present is a fundamentally important aspect of effective work. To be fully present means to focus attention on the other person, on oneself, on the atmosphere *in between*, and on the ongoing process that is emerging in the moment. This focusing of attention on multiple aspects of experience involves multileveled cognitive, emotional and somatic awareness. (p.70)

As a therapist invites greater awareness to the atmosphere in between, more information is provided for the therapist to consider, fostering the goal of positive change within the therapeutic relationship. However it appears this type of process demands a high level of multifaceted awareness from the therapist, inviting their whole self to be involved.

This concept of the therapist inviting his or her whole self to be involved within the therapy session was previously discussed, wherein therapeutic presence demanded that the therapist be fully in the moment on a multitude of levels: physically, emotionally, cognitively, spiritually, and relationally (Geller & Greenberg, 2012; Siegel 2010). The therapist brings forth greater attention to what is happening within his or herself in the present moment—to feelings, inner sensations, images, associations, imaginations, emotions, and bodily experiences.

A therapist who is considered present becomes more aware of both his or her own experiences and that of their clients through these bodily sensations and emotions (Anderson, 2006; Atkins, 2014). This embodiment, especially within expressive therapies as previously

discovered, allows the patient to feel they are understood by their therapist, while also establishing greater trust within the relationship (Chaiklin et al., 1993).

Atkins (2014) elaborated more on this topic:

To be aware of the *in-between* means to be aware of the environment, to sense the tone and rhythm of the changing atmosphere of the session and to notice and trust what is happening in the ongoing moment-to-moment process of encounter. This awareness includes holding the intention to create an atmosphere of confidence and trust while simultaneously holding an expectation for surprise and change, and paradoxically, at the same time letting go expectations. (p.71)

This idea of bringing greater awareness to the environment and providing a sacred space again resonates with what art therapy professor Robbins (1998) spoke to previously, regarding the need for a safe container within a therapy session. It is the responsibility of the therapist to create and contain a space which is open, non-judgmental, trustworthy, and most importantly safe. However the state of this containment requires an emotional centering of the therapist (Robbins, 1998). Presence itself requires both a tolerance for uncertainty and vulnerability (Siegel, 2010) as the therapist truly begins to let go of any expectations.

Clinical psychologist Eberhart (2002) emphasized that the personal presence of the professional change agent should be both invitational and hopeful. The clinician should create an atmosphere of safety and trust which invites the client to explore and discover. Siegel echoed the benefits of this concept when he stated, “When we feel resonance with someone, we open the doorway to a sense of feeling safe and seen, comforted and connected. The brain’s response to such attuned connection is to create a state of openness and trust—the basic ingredients that can promote brain stimulation and growth” (Siegel, 2010, p.XXI). Eberhart (2002) also held the

consistent belief that the clinician should maintain as much as possible an attitude of non-judgment and, at the same time, be willing to revise or let go of any beliefs or presumptions they may hold about the client, about themselves, or about the situation.

As the therapeutic relationship with the client continues to foster within this type of environment, Atkins (2014) also spoke to the idea that having a stronger presence attracts our attention to it, and somehow invites us into awareness of our own personal relationship with presence itself. We in turn, respond to this invitation somatically, cognitively, and emotionally. Atkins stated, “In this way, presence is actually a process, as well as a quality of being” (Atkins, 2014, p. 69). This gave the impression that therapists’ relationships to presence could continuously be shifting within process and within their daily lives, adding another layer to the demanding complexity of presence in which therapists must uncover and differentiate within their therapeutic relationships.

Related to the idea of process, psychiatrist Stern (2004) spoke to the previously discussed notion of working in the here and now with a client, and how a shared lived experience may initiate change, and foster growth within the therapeutic relationship. Stern (2004) descriptively elaborated on this concept:

The central idea about moments of change is this: During these moments a “real experience” emerges, somewhat unexpectedly. This experience happens between two (or more) people. It is about their relationship. It occurs in a very short period of time that is experienced as *now*. That *now* is a present moment with a duration in which a micro-drama, an emotional story, about their relationship unfolds. This jointly lived experience is mentally shared, in the sense that each person intuitively partakes in the experience of the other. This intersubjective sharing of a mutual experience is grasped without having

to be verbalized, and becomes part of the implicit knowledge of their relationship. The sharing creates a new intersubjective field between the participants that alters their relationship and permits them to take different directions together. The moment enters a special form of consciousness and is encoded in memory. And importantly, it rewrites the past. Changes in psychotherapy (or any relationship) occur by way of these nonlinear leaps in the ways-of-being-with-another. (p. 22)

Stern echoed the belief that the therapist and client partake on a therapeutic journey together (Geller, 2013; Gunzberg, 2011), while also mentioning the cognitive shifts which could occur almost spontaneously within the therapy session, similar to the aforementioned moments of grace (Adler 2007; Lavendel 2003). Stern described how the mutual sharing of experience was often understood without verbalization, complementing the belief of implicit body knowledge within the realm of dance/movement therapy (Berrol & Cruz, 2012).

Stern (2004) also noted how this nonverbal communication and sharing of implicit knowledge occurs within the context of the intersubjective field (see appendix A). This intersubjective field can be thought of simply as a system between two or more individuals designed for empathy and connectedness. Within this connected space, the psychological energy of each individual moves between and interacts with the energy of others in the room—creating an intersubjective experience. This experience is felt intuitively within each person, and often does not need to be verbalized to be understood (Stern, 2004). It is through these experiences within the field of intersubjectivity that the therapeutic relationship truly grows and develops organically.

It is clear that the therapeutic relationship is considered to be a critical player within any therapeutic modality. However as discussed previously within the literature at length, therapeutic

presence is essential to the development of the therapeutic relationship, which in turn requires the intricate facilitation of mindfulness within a sacred space of the here and now. A therapist who is considered present becomes more aware of both his or her own experience and that of their clients through bodily sensations and emotions. These bodily sensations and emotions have appeared to play a key role in the development of both presence and mindfulness within the therapeutic realm.

Embodiment

Dance/movement therapist Levine spoke to the importance of bodily awareness when she stated, “When we are disconnected from the body, we can’t be fully present. A meaningful life depends upon a sense of aliveness and presence, both of which spring from intimate contact with internal body states” (Levine, 2005, p. 37). Often times within the field of dance/movement therapy, mindful attention to these bodily sensations and emotions in relation to working with a client is referred to as embodiment. Within dance/movement therapy, embodiment is viewed as allowing the body to bring attention to the here and now experience (Tantia, 2014). This bodily attention is expressed through movement which emerges authentically from the therapist; the true nature of oneself in the present moment. Embodiment brings mindfulness into a living form of expression (Tantia, 2014).

Marian Chace, pioneer in the field of dance/movement therapy, often embodied a patient’s world by reenacting the essential constellation of movements characterized by the patient’s expression. Chace used her own body to understand, and thereby communicated acceptance and validity to her patients. This embodiment allowed her patients to know they were understood, while also establishing trust (Chaiklin, Lohn, & Sandel, 1993).

Dance/movement therapist Reeve (2003) expressed embodied awareness as something beyond empathy or any mental state. She took the environment into consideration as a participant that directly affected the dynamic. This idea of bringing greater attention to the environment echoed Kabat-Zinn (2005) and Bishop's (2002) ideals regarding mindfulness, which incorporated an attempt to gather information from all available stimuli in the present moment. The understanding of this embodied awareness which takes all available stimuli in the environment into consideration, is a basic skill learned by all dance/movement therapists. However Reeve (2003) believed this skill was so imperative to therapy that all therapeutic modalities should incorporate it.

According to Reeve (2003):

The continuous development of embodied awareness needs to be included as part of any therapist's training, but particularly for those who have chosen dance movement therapy as their way of being with people. Otherwise there is No-Body there. (p.17)

Reeve's play on the words "No-Body there" indicated that a therapist who was disconnected to his or her own body within a session, inherently loses the abundant information available to them through bodily sensations and emotions. She also implied that if a therapist denied his or her own somatic knowledge, he or she truly could not be considered present.

This intentional awareness of the body within the dance/movement therapist became a key element within the examination of the role of presence. This lens brought a level of clarity necessary for this specific research topic due to its fundamental belief in the attainment of presence through body knowledge. According to dance/movement therapists Berrol and Cruz, "The nature of knowledge in dance/movement therapy is very much grounded in the body, in creativity, and in dance" (Berrol & Cruz, 2012, p.219). Dance/movement therapists are typically

immersed in the language of the body rather than focused solely on verbal communication (Berrol & Cruz, 2012).

Within dance/movement therapy, embodiment becomes the words for which this language of the body can be fully accessed and utilized as a tool. Anderson spoke to the ways in which this body language could be obtained, “In addition to the five special senses of sight, hearing, smell, taste, and touch; proprioception (inner body senses) and kinesthesia (sense of movement) serve as intuitive channels, conveying subtle forms of information typically unavailable to the thinking mind” (Anderson, 2006, p.7). Siegel (2010) was astounded at what he discovered after incorporating experiential body work into his practice. He stated, “What intellect and consultation did not provide, my own body’s signals offered up as a gut instinct that helped me to know what to do” (Siegel, 2010, p.19). Siegel was speaking to the knowledge a therapist has at his or her disposal within a session, both cognitive and embodied.

This type of embodied knowledge is truly invaluable when one is attempting to practice mindfulness in order to develop a greater sense of presence within any type of therapy session. However within dance/movement therapy, there seems to be a critical relationship between the body and presence. Dance/movement therapist, Parks (2008) stated, “I have begun to wonder about the interconnectedness of the body to experiencing presence in the Now moment. Is the body merely inseparable from this idea of presence? Is the concept of embodiment synonymous with being present?” (Parks, 2008, p.36). There definitely appears to be similarities between embodiment and the development of presence within the realm of dance/movement therapy, however embodiment can be achieved by anyone who is willing to mindfully experience it.

Within a state of embodiment, a person is able to experience oneself through physical responses in the present moment. If one were to live fully in a state of embodiment, one’s life

would encompass a sense of the physical, emotional, and mental aspects of the self being in complete congruence, following the ever-changing experience of the present moment (Halprin, 1999). This is taken further by the ideal that being fully connected to the body is actually the way in which one finds presence in the moment and in turn, joy, and depth of purpose (Levine, 2005; Tolle, 2007). Siegel (2010) spoke to this joy and depth of purpose as a type of clarity, activating a receptive state of self through mindfulness practices as mentioned earlier. Siegel (2007) believed that by bringing attention to the senses or simply becoming aware of the body and the breath, one can become present in the moment and live with greater vitality.

Through this greater clarity and vitality, the therapist is better able to access his or her own body knowledge as a source of information relating to the client. Within their research, Geller and Greenberg (2002) have found that the body plays a role in how a therapist can sense a client's inner experience. According to Geller and Greenberg, "In therapeutic presence, the therapist's body is a receptor and a guide to the process of therapy" (Geller & Greenberg, 2002, p. 83). Within the literature relating to presence, Geller and Greenberg (2012) believed there was an element of embodiment which was key to achieving therapeutic presence. A therapist who was considered present became more aware of both his or her own experience, and that of their clients through bodily sensations and emotions.

Clinical psychologists Geller and Greenberg (2012) stated:

Therapeutic presence allows for a kinesthetic and emotional sensing of the others' affect and experience through connecting to the client on a deep level. The inner receptive state of the therapist is the ultimate tool in understanding and sensitively responding to the client's experience and needs. (p. 83)

As stated previously within the literature, it was this inside-out, self to other, affect to cognition view which aided in the therapist's ability to be fully receptive to the client and their needs (Robbins, 1998; Siegel, 2010).

Echoing this within his research on neurobiology, Siegel (2010) revealed how therapists who became more attuned to themselves and to others could improve their own sense of well-being, and their attitudes towards their patients. This notion indicated that our presence—with others and with ourselves—promotes empathy and self-compassion, which cultivates both wellbeing in our mental lives, and in our bodily health as healers. This is critical in the world of dance/movement therapy where the mind and body are continually being utilized as tools for therapeutic exploration.

Dance/movement therapist Parks (2008), studied the concept of the present moment while focusing on these previously mentioned bodily felt sensations as a tool for bringing her back into the here and now:

In my own movement process it became clear to me that I could be brought back to the moment by consciously breathing, shaking, and/or touching my body. This ignited a kinesthetic awareness that grounded me into just what was occurring in the here and now and allowed me to release distracting thoughts. (p.92)

This indicated that a dance/movement therapist could possess the tools and body knowledge necessary in order to bring themselves back into a state of mindful awareness during a here and now experience in order to cultivate presence.

Dance/Movement Therapy and Presence

Dance/movement therapist Parks spoke to the innate relationship between dance/movement therapy and presence when she stated, "It would then seem that being a

therapeutic modality that primarily utilizes the body, dance/movement therapy inherently exists in the present moment experience and naturally brings clients into a state of mindful awareness for healing purposes” (Parks, 2008, p.36). The fact that the researched theory of dance/movement therapy seems to have developed more slowly than its practice is perhaps in keeping with the nature of the dance/movement therapist as essentially being an action-oriented individual; one who aesthetically *feels* his or her way to the needs and realities of others, intuitively adapting to these needs, both verbally and nonverbally (Chaiklin et al., 1993).

Although not heavily researched specifically, the idea of presence, mindfulness, embodiment, and working from a place of here and now, are all embedded within the practice of dance/movement therapy. Rooted in Chace’s approach to dance/movement therapy, her sessions primarily evoked symbolism which stemmed from the embodiment of the body actions of her patients in the present moment (Chaiklin et al., 1993). Concurrently, fellow pioneer in the field of dance/movement therapy Whitehouse (1979), also explored movement from a place of presence when she stated:

The moment when ‘I am moved’ happens is astonishing both to dancers and to people who have no intention of becoming dancers. It is a moment when the ego gives up control, stops choosing, stops exerting demands, allowing the Self to take over moving the physical body as it will. It is a moment of unpremeditated surrender that cannot be explained, repeated exactly, sought for or tried out... This is humbling and freeing for the personality that demands perfection, control, conformity – all the ills of our social training. (p. 57)

Within dance/movement therapy, it is often encouraged to invite organic movement to emerge in response to sensational experiences in the here and now. Often times, the subtlety of these

movements can often hold the most meaning—revealing influential information. These embodied movement responses can occur for both therapist and client alike.

A student of Whitehouse depicted the strong influence of her therapeutic presence when moving authentically in session with her, “I always felt she was right there with me; I experienced her presence very deeply and it allowed me to go into myself and my movements...Her presence was part of the healing process” (Chaiklin et al., 1993, p. 59). It has become increasingly apparent that the presence of the dance/movement therapist may be the most crucial factor of a therapeutic relationship if any healing is to truly occur.

After attending a conference on science and spirituality, Siegel stated, “It was quite a week that taught me the lesson of how important experiential practice is to balance the lure of abstract conceptual discussions” (Siegel, 2010, p.9). Experiential practice is one which utilizes the body as a source of knowledge, encompassing the idea of embodiment mentioned previously within the literature. “What intellect and consultation did not provide, my own body’s signals offered up as a gut instinct that helped me to know what to do” (Siegel, 2010, p.19). Dance/movement therapists utilize this experiential approach to therapy, and are typically immersed in the language of the body rather than focused solely on verbal communication when in session (Berrol & Cruz, 2012).

Dance/movement therapists are unique in the way they utilize the five senses, proprioception, and kinesthesia as sources for subtle forms of information which are typically unavailable to the thinking and conceptual mind (Anderson, 2006). According to dance/movement therapists Berrol and Cruz, “The nature of knowledge in dance/movement therapy is very much grounded in the body, in creativity, and in dance” (Berrol & Cruz, 2012, p.219). This notion that dance/movement therapists utilize channels of information available

through their bodies and through movement, foundationally indicates they are able to provide resources and knowledge which other healing modalities typically cannot.

Individuals from the practice of dance/movement therapy utilize mindfulness principles as well, and naturally bring present moment experiences to their work with clients (Parks, 2008). However expressive therapist Atkins (2014) believed that working with the arts in general, required and supported a way of being fully present:

Working with the arts in an intermodal way encourages both change agent and clients to be present with all of the senses and to respond to what arrives in the art as well as to what is happening in the present moment in the relationship...the arts call us to be present with the senses, to see, hear, touch and respond, to be aware of sensations and emotions and associations. (p.61)

So perhaps it is the arts and expressive therapies in general which evoke the need to bring greater awareness to the senses and encourage one to respond authentically to whatever arises in the present moment. It would appear that the actual art itself could in fact play a similar role to that of the body within dance/movement therapy.

Atkins regarded presence simply as a way of being within the helping relationship. The quality of this presence enables an authentic connection and thus forms the foundation for a facilitative relationship (Atkins, 2014). However to fully access the potential of this presence, any expressive therapist must develop a sound understanding of his or her own personal approach to mindfulness and embodiment. Atkins regarded presence as a skill which could be practiced if continually experienced through being in relationship with others. According to Atkins, "Practice in centering and grounding through the arts transfers into teaching and clinical practice, and the quality of presence found in arts practice is more readily experienced in

facilitating others” (Atkins, 2014, p.83). Similar to what Siegel (2010) has stated, by speaking to the need for grounding and openness in order to fully participate in a therapeutic relationship, an expressive therapist is better able to develop and understand their personal understanding of presence through a facilitative relationship.

Siegel (2010) believed that being present with someone literally meant to be open to all that could emerge from being with. However because of this, presence required both a tolerance for uncertainty and vulnerability. Dance/movement therapy is a modality which welcomes this uncertainty and vulnerability simply based upon its nature of exploring the body— a territory often not traveled. When a dance/movement therapist is able to be fully present and invite whatever may occur in the present moment, therapy is truly able to take place. Dance/movement therapist Adler (2007) believed that in a moment of grace, a present moment is shared within a session and becomes a ritual. According to Adler, “When this happens, an immediate sense of inherent order becomes apparent within a felt sense of sacred space” (Adler, 2007, p. 25). This idea of a sacred space resonates with what art therapy professor Robbins (1998) spoke to previously about providing a safe container within a therapy session.

Other dance/movement therapists have echoed the words of Adler (2007) as well. Dance/movement therapist Lavendel (2003) referred to these unique moments of unity within herself as: “moments of grace” (Lavendel, 2003, p. 13). These occurrences she is referring to are the moments when she felt a direct experience of her body in the moment with complete presence, consciousness, and wholeness. In this state, she was without any inner judge (Lavendel, 2003). Kabat-Zinn (2005) often regarded the cultivation of this non-judgmental presence through mindfulness practice as an important aspect of healing.

Expressive therapist Atkins (2014) spoke to the process of trust within present moment work in a way which truly encapsulated what has previously been discussed about this kind of open non-judgmental awareness within mindfulness, embodiment, and presence:

Closely related to the idea of multileveled awareness is the quality of openness to experience in the present moment. Certainly openness involves cultivating an attitude of withholding judgment, not only toward the client, but also toward oneself. This non-judgmental openness requires a willingness to welcome whatever sensations, thoughts, and emotions come into awareness without denying or censoring what arrives....The change agent is open to receive information coming from her own bodily sensations and flow of thoughts, emotions and intuitions. Such a stance requires both courage and vulnerability to *trust the process*. (p.72)

By intentionally choosing to trust in this type of process, an expressive therapist inherently invites a sense of nonjudgmental openness and willingness to welcome whatever may arise during a session. However for an expressive therapist to consistently embody this type of openness, a sound understanding of presence is required.

The maintenance of presence is an ongoing and grueling emotional balancing act, as the role of the expressive therapist is to be consistently open and receptive to what the clients have to offer in the present moment (Robbins, 1998). However as we continue to deconstruct the concepts of presence, mindfulness, and embodiment, we can begin to recognize the factors which resonate with the very core foundations of dance/movement therapy; solidifying the imperative role therapeutic presence must truly play within this specific healing modality.

The Effects of Dementia

The therapeutic relationship is clearly instrumental for positive growth and change to occur within therapy, and it is even more crucial when working with a geriatric population experiencing dementia. However first, it is important to discuss the terminology of *dementia* more specifically. Dementia is not considered a specific disease. Instead, dementia is describing a group of symptoms which affect thinking and social abilities severely enough to interfere with daily functioning (Lunde & Smith, 2014). The diagnosis of dementia indicates problems with at least two brain functions such as memory loss, impaired judgment, language, or shifts in perception. Dementia causes confusion and can impair one's ability to remember people and names, often coinciding with drastic changes in personality and social behavior (Lunde & Smith, 2014).

With recent changes occurring in the latest Diagnostic and Statistical Manual, some shifts in languaging related to this specific diagnosis have taken place, "Although dementia is the customary term for disorders like the degenerative dementias that usually affect older adults, the term 'neurocognitive disorder' is widely used and often preferred" (DSM-V, 2014, p.591). Although the most recent diagnostic and statistical manual has shifted towards using the term "neurocognitive disorder", I continually reference this particular diagnosis as dementia due to the terminology which was being utilized at my clinical site during the time of this study.

Within the geriatric population today, there is a rising concern about the increasing number of dementia diagnoses. Recently, it was projected that there was a new case of dementia reported every seven seconds worldwide (Chin, 2008). With this diagnosis, the effects of the disease are degenerative, contributing to a decline in memory, communication, language, ability to focus or pay attention, reasoning, judgment, visual perception, and abstract thinking (Bayles,

Daszniak & Tomoeda, 1987). As the geriatric population continues to grow at an exponential rate, it is becoming increasingly important to consider the quality of care which is being provided to these individuals who have very specific needs.

Dance/movement therapy as discussed within the previous literature, utilizes the body, and inherently lives in the present moment experience, naturally bringing clients into a state of awareness for healing (Parks, 2008). Dance/movement therapy continues to be an integral therapeutic approach for the elderly experiencing dementia; providing a safe, sacred space for self-expression, a means to connect with others, an increase in reality orienting, and a potential pathway for accessing memory (Levy, 2005). It is imperative to remember that dance/movement therapy is effective for those with memory and speech impairment as it offers a non-verbal means of expression when words are difficult to access (Benefits of dance/movement therapy, n.d.). Dance/movement therapists are typically immersed in the language of the body rather than focused solely on verbal communication when in session (Berrol & Cruz, 2012).

However, the act of moving and dancing often triggers memories, which can increase verbal capacity for those living with dementia as well (Benefits of dance/movement therapy, n.d.). Dance/movement therapist Levy (2005) spoke to this concept when she stated, “Pleasurable and recreational movement experiences, performed in a safe and non-demanding atmosphere, provide additional social and psychological benefits. Furthermore, movement often evokes memories of youthful feelings and carefree experiences” (Levy, 2005, p.229). The ability of the dance/movement therapist to provide a safe container for this self-expression to occur is instrumental for safety and trust to develop within the therapeutic relationship (Atkins, 2014; Robbins, 1998).

The effects of dance/movement therapy on the geriatric population have been widely researched. Levy (2005) often commented on the benefits of dance/movement therapy for the elderly population and how it could specifically fulfill their unique needs. Three major areas are generally focused on for the elderly population in the realm of dance/movement therapy: physical, social, and psychological. The physical aspect supports the need for physical exercise and expression, while the social aspect fulfills the need for sharing and support. The psychological aspect attends to the expression of emotions, feelings of well-being and self-worth to promote personal integration (Levy, 2005).

Dance/movement therapy can provide an outlet for the elderly population to fulfill their unique needs (Levy, 2005), while also exploring the adaptive functions they still possess in the present moment. The bodily reminiscence that develops specifically from body-action within dance/movement therapy can often illuminate current issues within the lives of the participants, bringing them back into the here and now. In reality, the here and now is often the only concept of time this population has left. Through this spontaneous reminiscence due to a sensory experience, even the most disorganized patient may share a moment with a fellow group member; even if only on a physical level. This integration of body and mind may be the most effective approach as it brings patients into the here and now, aiding in the desire for improved quality of life and increased orientation, especially for those experiencing dementia (Johnson & Sandel, 1987).

Although dance/movement therapy truly appears to be an impactful therapeutic approach for this population, the integral element of embodiment previously discussed in the literature becomes a much more difficult task. Sensory deprivation is a common theme throughout the elderly population, which often leads to an overall disconnect to the body, and to the present

moment experience. This can frequently be aided through the group setting and physical contact utilized within a dance/movement therapy setting. Direct physical contact characteristically has a dramatic organizing effect on patients who are usually disoriented (Johnson & Sandel, 1987). However, when fully embodying a client facing dementia, the dance/movement therapist is directly taking on the symptoms of the diagnosis physically, cognitively, relationally, and emotionally.

As was previously discovered, embodiment and mindfulness are key aspects to the development of presence. Presence demands that the therapist be fully in the moment on a multitude of levels, physically, emotionally, cognitively, spiritually, and relationally (Geller & Greenberg, 2012; Siegel, 2010). A therapist who is considered present becomes more aware of both his or her own experience and that of their clients through bodily sensations and emotions (Anderson, 2006; Geller & Greenberg, 2012). However, as a dance/movement therapist is embodying the symptomology of a specific diagnosis, it is not uncommon for him or her to experience sensations of disorientation. This can disrupt the therapist's ability to distinguish what experiences are his or her own—separate from that of the client.

Medical intuitive Myss (1996), referred to this phenomenon when she stated, “Some people remark that they feel ‘drained’ after being with a certain person or in a particular environment. These common words, in fact, come closer than we may think to describing the interaction of our energy field with our environment” (Myss, 1996, p.50). With this concept in mind, perhaps the draining, disorienting sensations experienced by a dance/movement therapist who attunes to a client diagnosed with dementia would indeed indicate a state of embodiment, however one which was not fully mindful.

Mindfulness as referenced previously, incorporated an attempt to gather information from all available stimuli in the present moment, bringing greater attention to the environment (Kabat-Zinn, 2005; Bishop, 2002). Within their research on creating a working model of therapeutic presence, Geller and Greenberg (2012) regarded mindfulness as a technique or practice which could help to develop qualities of presence, and facilitate the therapist's ability to be present with a client. Without the capacity of the therapist to be fully in a state of mindful awareness, the acquisition of presence appears to be an almost impossible task.

Literature on how a dance/movement therapist, or any therapist for that matter, might develop and maintain a sense of presence while working with an elderly population experiencing dementia has not been specifically researched. My study, which examined the role of presence within my personal approach to dance/movement therapy while working with an elderly population experiencing dementia will add to the previous literature discussed related to presence, mindfulness, embodiment, here and now, dementia, the therapeutic relationship, and dance/movement therapy. This study is unique in its heuristic and qualitative approach, providing an in-depth, personal account of the research, while also developing possible tools for myself, and other dance/movement therapists to consider in the future.

Conclusion

In conclusion, the research has revealed that the concept of presence is absolutely an essential aspect to beneficial therapy, and is inherently a key factor in the development of therapeutic relationships within all healing modalities (Geller & Greenberg, 2012; Robbins, 1998; Siegel, 2010; Yalom, 2002). Quite possibly the most integral of these modalities—dance/movement therapy utilizes the body of the facilitator as a tool for knowledge within the therapeutic relationship (Anderson, 2006), allowing bodily sensations to bring attention to the

here and now experience through the process of embodiment. The literature revealed that this type of embodiment was essential to the development of mindful awareness practices, bringing mindfulness into a living form of expression (Tantia, 2014). It has been widely discussed that these mindfulness practices can in fact be utilized as tools for the therapist to both acquire and maintain therapeutic presence.

Within the research, it can be assumed that the concept of presence itself has many different definitions. However the overarching themes entail a sense of remaining fully open to a here and now experience physically, emotionally, cognitively, spiritually and relationally (Geller & Greenberg, 2012; Siegel, 2010). This kind of presence, which involves the whole self of the therapist, has been regarded as more essential for effective therapy than any theoretical framework, or intervention a therapist might utilize within a session (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001).

The maintenance of this presence requires a great deal of intentionality from the facilitator, and it is the responsibility of the therapist to create and contain a space which is open, trustworthy, and most importantly safe for the client to explore (Atkins, 2014; Eberhart, 2002; Robbins, 1998; Siegel, 2010). This type of co-constructed reality creates an open and non-judgmental environment, inviting the space to become sacred (Adler, 2007; Atkins, 2014; Geller, 2013). These qualities of openness and trust in the process within a here and now experience appear to play a crucial role in the development of any kind of therapeutic relationship (Atkins, 2014; Siegel, 2010; Yalom, 2002).

The therapeutic relationship was consistently regarded as instrumental for positive growth and change to occur within all therapeutic modalities. However there appeared to be an interconnected dynamic between presence and the therapeutic relationship; one continuously

feeding into the other, fostering growth. According to the literature, the therapeutic relationship is fundamentally developed through the concept of therapeutic presence, which in turn creates the most effective therapy. The research done by doctors Geller and Greenberg (2012), suggested that presence involved more than just the quality of being of the therapist, but included the presence of the client, and the dynamic relationship itself.

When therapists are in relationship with the symptomology of dementia, the literature suggested that it would not be uncommon for them to experience sensations of disorientation, disrupting their ability to distinguish their personal experiences from their client's experiences (Myss, 1996). The task of remaining present for an elderly population experiencing dementia became a hugely demanding task for me personally as an emerging dance/movement therapist. However, with the knowledge of how imperative presence was as a fundamental principle of therapy, central to effecting change, and the most crucial element of helping others heal (Siegel, 2010; Yalom, 2002), I believed it was extremely important to extend the literature, and research this specific topic more in depth.

Through this study, I hoped to further discover what presence might look like within me as a dance/movement therapist while working with an elderly population experiencing dementia. This research sought to answer the following questions: How can I better understand the role of presence within my approach to dance/movement therapy while working with an elderly population experiencing dementia? How do the characteristics of the dementia population influence my ability to become and/or remain present? Can I not only learn how to mindfully recognize when I am in a state of therapeutic presence, but also become mindfully aware of when I am not? Will I be able to discover tools through which I can return to a place of presence within a here and now experience? How can I utilize my understanding of presence as an

emerging dance/movement therapist, in addition to exploring it as a healing tool for my future clients?

When I first began wondering about this subject matter, it was at an attempt to better understand the difficulties I was facing while attempting to bring planned interventions into a dance/movement therapy session with older adults experiencing dementia. I speculated whether it was simply the characteristics of this population and diagnosis, or if it was my inability to mindfully differentiate what was truly occurring in the present moment during a session. Delving deeper into this research inspired me to uncover the role of presence within myself as a dance/movement therapist, and how I could identify what it truly meant for me to remain open to a here and now experience while working with an elderly population experiencing dementia. This literature review will serve as the foundation for my research as I reflect inwardly to explore and discover my personal experience of presence as an emerging dance/movement therapist.

Methods

In this chapter, I will divulge the methods utilized throughout this research experience. I will discuss my approach to both data collection and analysis, and why I chose the frameworks I did as a guided structure. For this study, I made the conscious decision to explore the depth of presence within dance/movement therapy through the lens of heuristic inquiry. Heuristic inquiry is regarded as research which is embedded in personal experience. When choosing heuristic inquiry, the researcher seeks to answer a question which has personal, and potentially social and universal implications (Moustakas, 1990). This perspective on qualitative research marries the interpretive approach of intuitive inquiry, which seeks to study the subtle, sometimes complex, human experience (Anderson, 2006). This particular study utilized a dynamic framework which incorporated both heuristic and intuitive inquiries as a foundation.

Methodology

The methodology of heuristic inquiry, originally developed by Moustakas (1990), was the initial guide for this study. I chose this methodology because of its qualitative, subjective, and inductive approach to research within a constructivist paradigm. This methodology also supported my desire to further enhance my personal Rogerian and Chacian theoretical orientation because of its subjective approach to qualitative research in the present moment while working with my elderly clients experience dementia. Constructivism is based on the theory that human beings create their own reality in relation to one another, and that reality is subjective and experiential (Berrol & Cruz, 2012).

Constructivists believe that people quite literally construct their own understanding of the world through experiencing things, and then reflect on those experiences (Berrol & Cruz, 2012). Through heuristic inquiry, the research process is designed for the exploration and investigation of experience, which uses the self as the researcher in order to construct an interpretation of

one's experience (Hiles, 2001). The focus of this study was on my personal investigation of my experience of presence, therefore a heuristic inquiry most closely aligned with the research topic.

Heuristic inquiry is a process which begins with a question or problem that has been a personal challenge or puzzlement one seeks to illuminate in order to better understand one's self and the world in which one lives. When preparing for heuristic research, a researcher becomes completely immersed in the topic or question. She or he must be conscious of all the ways the topic may present itself through observations, conversations, and works published on the question itself. In regards to this idea, Moustakas stated, "This requires that the researcher be alert to signs or expressions of the phenomenon, willing to enter a moment of the experience timelessly and live the moment fully" (Moustakas, 1990, p. 44). This stance was an ideal one, as my research question was specifically geared towards exploring the role of presence within the realm of a here and now approach to dance/movement therapy.

Allowing Moustakas' (1990) phases of heuristic inquiry to guide my exploration provided a structure in which I could fully immerse myself into a process of discovery; deepening my understanding of presence within the field of dance/movement therapy. Moustakas spoke to my personal theoretical orientation both as a clinician and as a researcher because my desire to study and investigate my relationship with presence became an integral aspect of who I was becoming as an emerging dance/movement therapist. As a clinician, my Chacian and Rogerian theoretical orientations encouraged a sense person-centered care coinciding with an approach to present moment work. This fit with my heuristic orientation as a researcher because I sought to study myself in the realm of dance/movement therapy in order to fully support my clients through the exploration of my therapeutic presence in the here and now. I utilized these theoretical bases as a

way to fully understand the phenomenon of present moment work and utilized my own experience as an inroad to discovery. In relation to this idea, Moustakas (1990) stated:

It is a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis.

The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge. (p. 17)

My desire to further my self-awareness and knowledge as an emerging dance/movement therapist was the driving force as to why I sought to better understand my relationship with presence in the first place. Through such an exploratory, open-ended, self-directed search, immersed in active experience, one is able to get inside the question, become one with it, and thus achieve an understanding of it (Moustakas, 1990).

Moustakas' unique phases of heuristic inquiry include: Initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Hiles, 2001). Initial engagement involves the discovery of a specific topic which sparks intense interest, a specific problem which continually calls out the researcher. Once the topic is chosen, a type of self-dialogue occurs between the researcher and the topic itself, inviting an inner search to discover the topic, ultimately allowing the formation of a question to come to fruition (Moustakas, 1990).

Moustakas (1990) spoke to the essence of the initial engagement phase in a way which resonated with my decision to ultimately choose heuristic inquiry as a methodology when he stated:

The engagement or encountering of a question that holds personal power is a process that requires inner receptiveness, a willingness to enter fully into the theme, and to discover

from within the spectrum of life experiences that will clarify and expand knowledge of the topic and illuminate the terms of the question. (p.27)

This approach truly encapsulated my desire to fully understand and clarify my relationship to presence within my personal approach to dance/movement therapy through the means of experiential practice.

The second phase of heuristic inquiry is depicted as immersion. The immersion phase quite literally demands that the researcher immerse themselves into the specific topic and question. The researcher must live the question in “waking, sleeping, and even dream states” (Moustakas, 1990, p.28), allowing everything in their life to become crystallized around the topic. The researcher must fully enter into life experiences with others wherever the theme is being expressed or discussed, remaining alert to all possible meanings and implications (Moustakas, 1990).

The third phase requires a period of incubation. This phase invites the researcher to step away from the intense, concentrated focus of the topic for a period of time. This retreat from the question allows the inner workings of intuition to clarify and continue extending the researcher’s understanding of the topic outside of their immediate awareness. Moustakas (1990) spoke to the importance of this incubation phase when he stated, “Incubation is a process in which a seed has been planted; the seed undergoes silent nourishment, support, and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities” (Moustakas, 1990, p. 29). This process of allowing spontaneous unconscious mental reorganization to foster illumination is an incredibly unique and invaluable aspect to Moustakas’ (1990) heuristic inquiry approach.

Illumination is the fourth phase of heuristic research. This phase unfolds naturally as the researcher remains receptive and open to their intuition, allowing breakthroughs to occur within their conscious awareness related to the topic. Illumination can be regarded as an opening to new understanding, increasing awareness, modifying old knowledge, or an altogether new discovery of an element which may have been previously beyond the mindful cognizance of the researcher (Moustakas, 1990).

The fifth phase is regarded as the explication phase. Once the researcher is able to discover recurring qualities, themes, and fragments of the topic through illumination, they are then able to fully examine what has awakened within their consciousness in order to make meaning through explication. A more comprehensive depiction of the dominant themes are developed which encapsulate the essence of the experience. During this time of explication, the researcher is encouraged to attend to feelings, thoughts, judgments, and beliefs before developing further understandings through dialogues with others (Moustakas, 1990).

The sixth and final phase of heuristic inquiry is creative synthesis. Once the researcher has developed a sound understanding of the core themes and components of the topic, the researcher is then challenged to combine these core themes into a type of creative synthesis. This creative synthesis can take any form, inviting the intuition of the researcher to come forth, moving beyond the confined attention of the data itself (Moustakas, 1990).

Methods

Participants. The population of this research study was myself as the researcher: a 23 year old, Caucasian, female, graduate student. However it is important to also recognize that the investigation of my personal understanding of presence was examined in relation to working with an elderly population, diagnosed with varying levels of dementia.

Setting. This research study primarily took place at an elderly day care center for older adults experiencing various degrees of dementia, Alzheimer's, and Parkinson's disease. At this center, special programs were provided to encourage social, physical, and cognitive stimulation to anyone in need of special assistance due to psychological or physical impairments. This site was located in a suburban Midwestern city.

Procedure. Moustakas' unique phases of heuristic inquiry include: Initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Hiles, 2001). Through the guidance of this structure, I was able to navigate through each phase of my heuristic research experience in a mindful and intentional way.

Initial engagement. Within the phase of initial engagement, I was feeling drawn to the personal meanings and implications of presence within my approach to dance/movement therapy. The concepts of presence within here and now approaches continued to present themselves, and called out to me in various different forms, sparking an intense curiosity within me. I began to wonder more about presence within the field of dance/movement therapy and how I could better develop and understand it while working with an elderly population experiencing dementia.

Immersion. The next phase of immersion took place as I began reading and researching about the topics of presence, mindfulness, here and now, and the effects of dementia. I immersed myself into the literature, allowing these concepts to filter into my daily activities. I invited everything in my life to become crystallized around the topic of presence. I consistently wondered about these topics during my dance/movement therapy sessions, fully entering each experience, and considering all possible implications. Moustakas spoke to this idea of inviting all aspects of the topic when he stated, "Immersion enables one to grasp the whole, to enter

completely into all facets of it” (Moustakas, 1990, p. 110). Throughout each of my dance/movement therapy sessions, I continued to honor this immersion phase by fully entering the experience, considering all factors of the session as possible implications for my research.

Each of my dance/movement therapy sessions were based in the technique of Chace, whose original approach to dance/movement therapy primarily evoked symbolism which stemmed from the body actions of her patients solely in the present moment. Chace utilized her own body to understand, and thereby communicated acceptance and validity to her patients (Chaiklin, Lohn, & Sandel, 1993). By striving to utilize this present moment approach, I would enter every dance/movement therapy session without a plan, remaining mindfully open to all which could possibly occur. I consistently attempted to explore ways in which I could utilize my own body in order to better understand my clients, and provided interventions in the here and now which might serve their needs.

Throughout each session, I continued to honor this immersion phase by fully entering the experience of each session, considering all factors as possible implications for my research. This phase was further solidified when I began my data collection; initiating the recording of structured journal entries, creating artwork, and inviting spontaneous movement responses. Immediately after my sessions would come to a close, I would wait until all clients had left, and remain in the therapy room alone. It was during this time that I would mindfully sit in the energy of what had just occurred during the session, and allow a type of continued embodiment to occur. Through this embodiment, often times spontaneous movement responses would take place, adding depth of understanding to my presence throughout the session.

After I took the time to allow these movement responses to occur, I would begin the process of my structured journaling (see appendix B). I would complete this journaling within

the allotted one hour time frame in the therapy room as well. These entries were always completed before I moved on to the next part of my day in order to maintain its freshness in my mind and body. Spontaneously throughout my data collection I would experience the urge to create artwork related to certain dance/movement therapy sessions. I honored the spontaneity of this artmaking process by entering the art room alone, and simply grabbing whichever artistic medium spoke to me most. By allowing my body to freely create through the use of art as a medium, I was able to create a visual form of data, adding breadth to my understanding. After this artwork was created, I would again invite spontaneous movement to occur, and also encourage a free association writing to take place. This process of data collection continued for three months, where I facilitated at least six dance/movement therapy sessions a week.

Incubation. During the time of my incubation phase, I stepped away from the intense concentrated focus of my research question for two weeks. This retreat took the form of physically removing myself from the environment of my clinical site, and surrounding myself with people and activities which did not relate in any way to my clients or to dance/movement therapy. Through this intentional retreat, I allowed my unconscious to begin processing and organizing new ways of thinking about the topic of presence. I invited the inner workings of my intuition to clarify and continue extending my understanding of the topic outside of my immediate awareness.

Illumination. Following this phase, I reentered my research process and began the analysis of my data. It was during this time that I continuously found myself entering into wondrous moments of pure illumination, where I could feel the sensation of discovery uncover itself within me. This type of interpretation brought forth an overwhelming understanding of the illumination phase within heuristic inquiry. In regards to this overwhelming sensation,

Moustakas stated, “The illumination process may be an awakening to new constituents of the experience, thus adding new dimensions of knowledge” (Moustakas, 1990, p.29). These breakthroughs often occurred suddenly, providing me with an increased awareness and understanding of my personal relationship to presence.

During this time, I began wondering further about each small discovery I was making. Moustakas spoke to the need for further investigation during this phase when he stated, “Illumination involves a period of dwelling inside each structure to obtain a deeper level of awareness and meaning” (Moustakas, 1990, p.110). I remained receptive and open to my intuition while I began to make meaning out of the themes and qualities which continually cropped up for me within the data.

Explication. Once I was able to discover the recurring qualities, themes, and fragments related to my topic, I was then able to fully examine what I had discovered through my explication phase. Through extensive data analysis, I was able to develop a more comprehensive depiction of the dominant themes which I believed most fully encapsulated the essence of what I had discovered. I was then able to further attend to my personal understanding of presence through the validation strategy of a resonance panel, where I was able to present my findings and receive invaluable feedback, adding to the legitimacy of my study.

Creative Synthesis. Lastly, after developing a sound understanding of the core themes and components which composed my research study, I was able to move beyond the basic confinements of the data, and created an interactive movement installation which invited spectators to actively move with me during a here and now experience. This installation took place in the lobby of a theater prior to a dance/movement therapy dance performance in a large Midwestern city. This installation was comprised of a 10x10 square space, differentiated by a

sheet, nearby props, seats, a lantern, and a sign describing the intentions of the installation itself. The timing of this creative synthesis was not determined beforehand, honoring the process of remaining open to all which could occur in the here and now.

Movement installations are similar to that of any art installation one might witness in a museum. However this particular creative synthesis involved me as the researcher, moving within the confines of the sacred space, coinciding with the movements of onlookers who felt inspired to enter the installation and move organically with me. These participants were invited to join the interactive movement in any way they personally saw fit. None of this installation was previously planned and occurred solely in the here and now. This creative synthesis brought my findings into a physical movement experiential within the present moment, embodying my new understanding of presence. Through this installation, I was able to invite my intuition to come forth, and embodied the dominant themes I had discovered throughout my research in response to each participant who felt inspired to join.

Data collection methods. For this research study, data was collected over a three month period during Moustakas' immersion phase of heuristic inquiry. This data was collected through the means of structured journal entries (see appendix B), spontaneous artmaking (see appendix C), and embodied movement responses in relation to dance/movement therapy sessions with an elderly population experiencing dementia. I would complete this journaling within a one hour time frame in the therapy room directly after a session was complete. These entries were completed before moving on to the next part of my day, in order to maintain freshness in my mind and body.

The spontaneous desire to create artwork in response to illuminations throughout the research process was continually honored. In concordance with this, embodied movement

responses were explored immediately after each dance/movement therapy session was complete. I allowed these embodied movement responses to attend to the direct physical, emotional, and spiritual sensations related to the experience of the session. I invited the inner impulse of my body to be moved by the energy of what had just occurred within the sacred space of the dance/movement therapy session. Related to the importance of these movement responses, Sandel referenced the previously discussed work of dance/movement therapist Whitehouse, “It is this giving in to the spontaneous movement process that Whitehouse spoke of as a precursor to the surfacing of images from the unconscious layer of the psyche” (Sandel, et.al, 1993 p. 59). These embodied movement responses were explored spontaneously throughout my study when needed, and often resulted in free association writing, which added to the depth of my qualitative data.

The creation of artwork and embodied movement responses continually fostered the idea of Moustakas’ immersion phase. My creative and unaltered responses to these sessions continued to build upon my current understanding of presence, allowing it to evolve and deepen. By utilizing these arts-based qualitative methods, I allowed my definition of presence to come forth organically and authentically. After a three month period immersed in reviewing literature and collecting data, I stepped away from my work for two weeks, honoring Moustakas’ incubation phase. This incubation allowed my unconscious to begin processing and organizing new ways of thinking about the topic of presence in a less concentrated way.

Data analysis methods. The particular data analysis method I utilized for this study was intuitive inquiry, which supported my methodology of a heuristic inquiry. In her discussion of intuitive inquiry, Anderson stated, “Specifically, intuitive researchers refine and challenge their initial understandings through in-depth reflection on empirical data, seeking new and renewed

understanding as five iterative cycles of interpretation unfold” (Anderson, 2006, p. 1). Each phase of my heuristic inquiry was supported and further examined through these five cycles of analysis required through an intuitive inquiry, inviting the process to become dynamic and simultaneous.

The five cycles of interpretation associated with an analysis through intuitive inquiry very closely aligned with the methodology of heuristic inquiry; therefore my data analysis often occurred concurrently and organically throughout my data collection as well. This type of analysis, albeit complex, complemented my personal journey of discovery in the most valuable of ways because of its foundational search for one’s truth. Regarding this, Anderson (2006) stated:

In pursuing matters of the heart, intuitive inquiry aligns with the creative process of artists and scientists down through the centuries. Ordinarily, intuitive researchers care deeply about their research topics and wish to honor their own life experiences as unique sources of inspiration and insight. They study topics that seem to be chasing them, pursuing them. They want to know more. (p. 1)

Indeed the concept of presence continued to present itself and call out to me; I desired to better understand its implications within my work as an emerging dance/movement therapist. I sought to honor my discomfort with the concept of here and now, and decided to further understand it as opposed to turning my back on it. Moustakas (1990) himself appeared to agree with this approach to research when he stated, “Intuition facilitates the researcher’s process of asking questions about phenomena that hold promise for enriching life” (Moustakas, 1990, p. 24).

The five cycles of interpretation associated with an analysis through intuitive inquiry include: Identifying and engaging a research topic through imaginary dialogue, developing

preliminary lenses, collecting data and preparing findings or results, transforming and refining lenses, and integrating the findings (Anderson, 2006). The process of intuitive inquiry truly built upon and allowed for greater transformative breakthroughs while exploring Moustakas' (1990) heuristic phases of research.

Identifying and engaging a research topic through imaginary dialogue. The first cycle of intuitive inquiry speaks to identifying and engaging a research topic that repeatedly attracts or claims the researcher's attention. This took place during the initial engagement phase of my heuristic research. Within this cycle, the chosen topic should become a type of dialogue partner for the researcher (Anderson, 2006). Moustakas (1990) also spoke to how the initial engagement phase required a type of self-dialogue or inner search to discover the topic and question. This dialogue took place through initial art-making, free association writing, and organic movement in relation to wondering about the topics of presence and the here and now.

I also began searching, reading, and discovering as much literature as I could related to the topics of presence, mindfulness, and the here and now. Anderson spoke to the importance of this approach when she stated, "By repeatedly engaging with a potential text in this dialectic process, impressions and insights converge into a focused research topic" (Anderson, 2006, p.18). This type of interchanging dialogue and engagement allowed me to better clarify the specific topic I wanted to further explore, allowing my research question to come forth.

Developing preliminary lenses. The second cycle of intuitive inquiry involved the development of preliminary lenses which were reflected in the previous literature review portion of this study. This cycle took place during the immersion phase of my heuristic inquiry, which demanded that I as the researcher live the research topic in waking, sleeping, and even dream states (Moustakas, 1990). Within this cycle of intuitive inquiry, researchers are to engage in a

dialectic reflection with selected texts which are directly related to the research topic (Anderson, 2006). During this cycle, I attempted to discern and acknowledge what I was continuously discovering within the literature related to my specific topic, looking for similarities between researchers from various different backgrounds. I began considering how these findings could provide a preliminary lens for my research on presence.

Collecting data and preparing findings or results. With a continuation of the heuristic immersion phase, cycle three of intuitive inquiry simultaneously began to formulate. During cycle three, data collection is to take place. Within intuitive inquiry, this data should typically inform the heart, or essence, of the research topic (Anderson, 2006). This was primarily why I chose the qualitative data collection methods that I did: structure journal entries, spontaneous art-making, and movement responses. I believed this type of qualitative data spoke to the spirit of intuitive inquiry, while also informing the essence of presence, and satisfying my passion as a researcher.

Transforming and refining lenses. As cycle three of intuitive inquiry neared its conclusion after three months of data collection, I began to shift into my heuristic phase of incubation, where I was able to step away from my intense concentration of immersion into the topic of presence. During this time, I began to realize that the new unconscious discoveries I was allowing to come forth through my retreat, directly related to the beginning of the fourth intuitive inquiry cycle: Transforming and refining lens. Cycle four requires the researcher to interpret data in order to modify, refute, remove, reorganize, or expand their understanding of the research topic (Anderson, 2006).

Throughout intuitive inquiry, often times the most essential feature of interpreting data are the intuitive breakthroughs, those illuminating moments when the data begins to shape itself

before the researcher (Anderson, 2006). Moustakas (1990) spoke to this phenomenon as a breakthrough into conscious awareness of recurrent qualities, and a clustering of qualities into themes, which appear to be inherent to the research topic during the illumination phase. Through an avenue of thematic clustering in order to organize, I naturally found myself entering the explication phase of heuristic inquiry, which was supported through the transforming and refining of lens required of cycle four within intuitive inquiry.

As a way to organize and interpret all of my qualitative data, I chose a more conventional route of thematic content analysis which coincided with a play on sequential analysis. Through this route, I focused on examining, pinpointing, and recording recurring “themes” within the data. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. These core themes then become the overarching categories for future analysis (Fereday & Muir-Cochrane, 2006). I took an *in vivo* approach, which analyzes and codes the researcher’s own language and imagery within the data (Chesler, 1987) while still making it my own, to further identify and crystallize the most common themes of my study through the following process:

1. Underlining key phrases
2. Restating key phrases
3. Reducing phrases, creating clusters
4. Reducing clusters, attaching labels
5. Condensing labels, concretizing categories
6. Generalizing about categories

First, I began by sorting through all of my structured journal entries, free association writings, and artwork, highlighting key phrases which corresponded in any way to the

acquisition or maintenance of presence, while simultaneously underlining any key phrases associated with the loss or inability to remain present. These phrases were then restated and compiled into two separate general categories: factors fostering presence, versus factors inhibiting presence. I began to reduce these phrases by combining any repetition or similarities into smaller clusters of themes. After creating these smaller clusters, I began to examine the underlying qualities within each theme, attached labels to them, and created more concrete categories.

Once I had developed these concrete categories, I began examining the key phrases within each of them further, searching for parallels once again, in order to further condense the material. After condensing the content within each category in order to depict the most saturated information, I created a final informative table. This comprehensive table became the primary results of my study, allowing me to observe the most influential aspects of presence for myself within a dance/movement therapy session. The concretization of these categories within a final table led me into the heuristic phase of explication, where I was able to fully examine what had awakened within my consciousness in order to make meaning. Once I had developed a sound understanding of these findings, I utilized the resource of a resonance panel to validate my results. It was at this time I was able to step back and observe the whole picture of my study. I began to comprehensively embody each category within my dance/movement therapy practice, and truly began to understand their implications.

Integrating the findings. The fifth and final cycle of intuitive inquiry involves an integration of all findings within the study, where the researcher stands back from the entire research process and takes into consideration all aspects of the study anew (Anderson, 2006). As a way to allow this fifth cycle to come forth organically, I invited the creative synthesis phase of

my heuristic inquiry to guide me. Through a culmination of everything I had discovered within my research, I created an active movement installation which demonstrated the themes I had developed through my data interpretation. I moved through these themes organically within a sacred space, working from a place of here and now, ultimately combining every aspect of my research study into one dynamic installation event.

Within cycle five of intuitive inquiry, conventionally the researcher returns to the literature review and conducts a reevaluation in light of the results of the study. The researcher must determine what can now finally be said about the research topic, including what she or he feels still needs to be examined (Anderson, 2006). This cycle perpetuated throughout the conclusion of my research study as I continued to write this formal written thesis. I continuously reevaluated what I had discovered in light of the literature previously written on this subject matter, determining what could now be fully discussed, and what might still need to be examined further. The final culmination of cycle five came to fruition within the final Discussion chapter of this thesis.

Validation Strategies. During the explication phase of my heuristic inquiry, it was my responsibility as the researcher to fully examine what had awakened in my consciousness, in order to understand the various layers of meaning by developing further understandings through professional dialogues with others (Moustakas, 1990). It was during this time I held my resonance panel, which was comprised of a small group of colleagues, peers, and professionals within the field of dance/movement therapy. Each of these individuals provided invaluable perspectives on the subtleties of my topic in unique ways. One of the panel members was a board certified dance/movement therapist who specialized in mindfulness practices and Authentic Movement. Another panel member was a registered dance/movement therapist who studied the

concept of impermanence through the methodology of an artistic inquiry. The last member was a peer who was also a graduate student studying dance/movement therapy examining the different roles within herself as an emerging dance/movement therapist through the methodology of a self-study (see appendix I for letter to resonance panel members).

Through this form of validation, I was able to give a full account of how my study had evolved and taken shape. I was then able to report on my current results and illuminations, aiding in the concretization of my explication phase. After this presentation, I began to dialogue with these individuals, allowing new questions and wonderings to formulate around my topic. I was also given the opportunity to receive constructive feedback, which aided in the crystallization of my discoveries.

Throughout my process of data collection, I also utilized the validation strategy of a peer auditor. This individual was a member of my graduate cohort, indicating they had undergone the same exact coursework I had experienced during my time in the dance/movement therapy and counseling program. This individual was someone who understood my struggles with the concept of presence on a personal level, and also witnessed my decision to finally examine it. Because this individual knew me personally, I trusted that she would be able to maintain honesty, and ensure I was fulfilling the objective of my study without allowing me to become diverted.

This person achieved this goal by checking in with me monthly in order to guarantee that I was in fact following the guidelines I had set for myself in relation to the parameters of my study. During our meetings, this peer auditor was able to hold a safe space for which I could bounce ideas and concepts around freely, while also providing me with constructive feedback. This validation strategy forced me to remain honest with this process, and also with myself both

as a researcher and as a clinician throughout the entirety of my study (see appendix H for peer auditor contract).

Summary

Through the methodology of heuristic inquiry developed by Moustakas (1990), I was able to successfully conduct a self-study in order to investigate my personal experience of presence while practicing dance/movement therapy with an elderly population experiencing dementia. Through the data collection of structured journal entries, spontaneous artmaking, and embodied movement responses, I was able to conduct an extensive data analysis through intuitive inquiry. Through this analysis, I began to fully explicate the recurring themes which most robustly depicted my personal experience of presence. In the following chapter, I will reveal the results of this data analysis process, speaking to the many illuminations I made throughout.

Results

In this study, I sought to discover the complexities of presence, and what it may truly look like within me as a clinician during dance/movement therapy sessions with an elderly population experiencing dementia. This study also sought to ascertain specific therapeutic tools which could provide me with the ability to continually access and maintain presence for future dance/movement therapy sessions. It was essential for me to discover these personal therapeutic tools in order to ground myself within this environment of working with an elderly population experiencing dementia. I needed to provide an orienting structure in which these clients and I could feel open to move within, to better regulate, and to safely develop therapeutic relationships with one another.

During this research journey, I sought out to answer the following questions: How can I better understand the role of presence within my approach to dance/movement therapy when working with an elderly population experiencing dementia? How do the characteristics of the dementia population influence my ability to become and/or remain present? Can I not only learn how to recognize when I am in a state of therapeutic presence, but also become aware of the moments when I am not? Will I be able to discover tools through which I can return to a place of presence in a here and now experience? How can I utilize my understanding of presence in the future as an emerging dance/movement therapist, in addition to exploring it as a healing tool for my clients?

For this research study, data was collected over a three month period through structured journal entries (see appendix B), spontaneous art-making (see appendix C), and embodied movement responses in relation to dance/movement therapy sessions with an elderly population experiencing dementia. Data analysis of my structured journal entries, free association writings,

and artwork took place by differentiating between factors which related in any way to the acquisition or maintenance of presence, versus the factors associated with the loss or inability to remain present. These factors were then restated and compiled into two separate general categories: factors fostering presence, versus factors inhibiting presence (see appendix D). I began to reduce these phrases by combining any repetition or similarities in order to create smaller clusters of themes. After creating these smaller clusters, I began to examine the underlying qualities within each theme, attached labels to them, and created more concrete categories: Body sensations, environmental elements, relational dynamics, actions/processes, and cognitive beliefs (see appendix E).

Once I had developed these concrete categories, I began examining the key phrases within each of them further, searching for parallels once again, in order to further condense the material. After condensing the content within each category in order to depict the most saturated information, I created a final informative data table, displayed on the next page. This comprehensive table became the primary results of my study, allowing me to observe the most influential aspects of presence for myself within a dance/movement therapy session.

Within each category: body sensations, environmental elements, relational dynamics, actions/processes, and cognitive beliefs—factors were organized into two separate overarching themes: factors which fostered presence versus factors which inhibited presence. These factors became the tools for which I discovered how I as a clinician could observe and recognize how I was passing in and out of a state of therapeutic presence.

Final Data Table

	Bodily Sensations	Environmental Elements	Relational Dynamics	Actions & Processes	Cognitive Beliefs
<i>Factors Fostering Presence</i>	<ul style="list-style-type: none"> >Bringing consciousness to body felt sensations >Increased grounding, stability, activation of core, opening of the chest and heart chakra >Hollowing out of internal space, providing a container >Intuition is felt within the body as the driving force 	<ul style="list-style-type: none"> >Setting up the energy of the space >Providing a safe therapeutic container >Sense of congruence between clinician, client, and the space created together >Space becomes sacred 	<ul style="list-style-type: none"> >Fully attuned to the client: their energy, flow, body, spirit, movement qualities >Ability to recognize energy shifts of the clients within the room >Successfully recognize what does and does not belong to the clinician during session >Provide what the client needs in the here and now >Increased trust within the therapeutic relationship 	<ul style="list-style-type: none"> >Physically moving before, during, and after the session >Trust in the process: allow the transformation of the group to unfold organically >Allow clients to lead interventions >Listening to the body; allowing intuition to lead >Staying in the here and now 	<ul style="list-style-type: none"> >Remain nonjudgmental and open >Increase flexibility and adaptability >Allow for a conversation between mind and body >Clinician believes in themselves as a successful change agent
<i>Factors Inhibiting Presence</i>	<ul style="list-style-type: none"> >Decreased body awareness >Disconnect between mind and body >Mind feels disorganized >Tired, drained, foggy, slow, fatigued, stressed 	<ul style="list-style-type: none"> >No opportunity to set up the energy of the space >Disruptions from elements outside of the session >Confidentiality is breached >The space is no longer considered safely contained 	<ul style="list-style-type: none"> >Characteristics of the diagnosis/lower functioning groups >High levels of disorientation, anxiety, confusion, distress >Decreased client engagement >Client's needs are not met; therapeutic relationship suffers 	<ul style="list-style-type: none"> >Unable to physically move before the session >Increased verbal processing/decreased movement; working from a cognitive place >Imposing contrived interventions >No longer trusting process, or working in the here and now 	<ul style="list-style-type: none"> >Feelings of insecurity, self-doubt, and judgment >Believing the group is unproductive >Desire to make interventions "fit" >Self-indulging agendas >Body prejudice

Bodily Sensations. Within the category of bodily sensations, I recognized that I was therapeutically present when I was first able to bring greater awareness to my own somatic data before the session began. Often times I would experience a greater activation of my core, with an increased sense of grounding and stability. When I felt I was most present within my body, I would continually witness a hollowing out of my internal space, primarily providing a safe container within myself first, in order to efficiently hold a sacred space within the room. When I allowed these bodily felt sensations to come forth, I could also recognize the influence of my intuition naturally emerging as a driving force, allowing the flow of the therapy session to occur organically. However, when I was unable to find a state of therapeutic presence, it was often due to a disconnect between my mind and body. In this state, my mind was often disorganized, tired, foggy, fatigued, or stressed. These factors caused an inability for me to fully access my bodily felt sensations, inhibiting my therapeutic presence, and decreasing the likelihood of my intuition to activate during the session.

Environmental Elements. Within the category of environmental elements, the concept of creating a safe and sacred space continued to crop up. Physically setting up the structure of the space before the dance/movement therapy session took place allowed me to mindfully invite the energy within the space to become sacred. This was a key factor which fostered my presence throughout the session. This element simply implied that I was able to enter the space well before the session began in order to set an intention, and create an energy which was inviting, open, and safe. As the session would take place, I began noticing when the space between the client and I became a shared, sacred experience, influencing the ability for both myself and the client to remain present in the here and now. Learning how to recognize these subtle energy

shifts within the atmosphere of the room became an invaluable tool for developing a sense of congruence between myself, the client, and the space we created together throughout the session.

However if I was unable to set up the energy of the space, I noticed a drastic decline in my ability to arrive at a place of presence throughout the entirety of the session. Often times within certain clinical spaces, disruptions from outside the therapy room can occur. The moment an outside element suddenly enters the sacred therapeutic space that was created, confidentiality is instantly breached, causing the space to no longer be safely contained. This type of instance would often occur at my clinical site, and would instantly trigger me to lose any sense of therapeutic presence.

Relational Dynamics. The category of relational dynamics was a critical one, as it directly related to how the characteristics of the dementia population influenced my ability to become and/or remain present. During my initial attempts to fully embody my clients, I often found myself experiencing the disorientation, anxiety, confusion, and distress commonly experienced by the symptomology of dementia. This factor, as well as an overall decrease in client functioning and engagement, often inhibited my ability to remain present during a dance/movement therapy session. This would result in my inability to provide interventions which best suited the needs of my clients, causing our therapeutic relationship to suffer.

However, as my examination into the role of presence continued, I began to recognize ways in which I could fully attune to these clients on an energetic and spiritual level. By utilizing embodiment, I was able to notice subtle shifts of energy within the room, attuning to the natural flow of each client. By learning how to successfully differentiate what sensations were my own versus my clients' within the session, I was able to fully attend to their needs. Trust began to

increase within our therapeutic relationships, continually fostering my desire to remain present in the here and now.

Actions & Processes. Specific actions and processes became an integral category as it most closely aligned with the concept of encouraging my body to lead the experiential practice of the dance/movement therapy session. When I was able to physically move before a session: swinging, dropping my weight, stretching, jumping, or simply breathing intentionally, I began the process of encouraging an increased awareness of my bodily felt sensations. I recognized that if I continually came back to a place of physically moving throughout the session, I could re-ignite a sense of awareness within my body, fostering presence. Continuously inviting my body to provide me with information regarding the here and now experience, permitted my mind to relax and begin trusting in the process of the session itself; allowing the transformation of the group to unfold organically. The more I intentionally listened to these bodily felt sensations, the more I experienced my intuition leading my therapeutic interventions, inviting me to mindfully remain in the here and now.

Contrary to the benefits of these specific actions and processes, if I was unable to physically move before a dance/movement therapy session began, I often experienced a disconnect from my body as a resource. This would result in my inability to ever fully arrive to a place a presence throughout the session. Coinciding with this decrease in body awareness, I noticed if I allowed an increase in cognition and verbal processing to take place during the session, I would begin imposing interventions which felt contrived and inauthentic. When these factors came into play, I observed myself no longer trusting in the process of the session, losing a sense of mindfulness within the here and now, severely inhibiting my ability to remain present.

Cognitive Beliefs. The final category of cognitive beliefs became one of my greatest illuminations as I discovered the influential power of my mind and belief systems on my ability to become or remain present within a dance/movement therapy session. As opposed to leaving my cognition completely out of the picture for fear of allowing it to hijack the session, I began increasing a sense of cognitive flexibility and adaptability between my mind and body. By allowing a type of dialogue to take place between my mind and body throughout the session, I began inviting my whole self to enter the therapeutic space. This allowed my self-perception to shift, encouraging a belief in myself as an emerging dance/movement therapist. This flexibility also increased my ability to take an open and nonjudgmental stance towards myself, and also towards my clients throughout my sessions.

However, because these cognitive beliefs can be so incredibly powerful, one negative thought can quickly eat away at any perceived productivity within a session. Often times when I believed a dance/movement therapy session was feeling unproductive, I would attempt to create therapeutic interventions which might increase client engagement, desperately trying to make these interventions “fit” into the flow of the session. This would often result in contrived dance/movement therapy groups, inhibiting my ability to remain present, and leaving me with feelings of insecurity, self-doubt, and judgment. Often times I would witness this judgment evolve into a type of body prejudice (see appendix A) towards my clients. Body prejudice occurs when a therapist begins to misinterpret their own body knowledge within a session, causing them to misjudge the meaning behind the behavior and movement of their clients (Moore & Yamamoto, 2012).

This body prejudice often led me to facilitate dance/movement therapy sessions which catered more to my own personal needs as a clinician, as opposed to remaining open to fulfilling

the needs of my clients. Atkins (2014) referred to the common dangers associated with this type of self-indulging agenda during a therapy session, such as projecting one's own ideas and experiences onto the client, getting bogged down in one's own emotions, or being distracted by personal associations or needs. This factor was one of the most shocking to discover, as I realized it would often occur very subtly throughout a session, usually out of my conscious awareness.

The most critical factor to consider while observing this final data table and its implications, is the fact that all of these elements are not static, but remain dynamic throughout the session, consistently changing. The most influential implication I discovered through this heuristic research process was the concept of allowing myself to become a nonjudgmental “observer” of these dynamic factors. While remaining open to whatever could unfold within myself as an emerging dance/movement therapist, I observed the factors which inhibited my presence in a nonjudgmental way by simply noticing them, and proceeding to utilize the tools which continually fostered my ability to remain present. Throughout the session, I continually invited these shifts to move toward the fostering of presence, while still considering *why* certain factors inhibited my ability to remain present. This consideration continually provided me with knowledge about myself, my clients, and about the session which had taken place, preparing me for future dance/movement therapy sessions.

The discoveries I have made through my heuristic research have truly been able to answer the questions I had set out to answer at the beginning of this study. As was just previously discussed, I did discover that yes—I was able to learn how to recognize myself passing in and out of a state of therapeutic presence during my dance/movement therapy sessions. Not only was I able to observe this phenomenon, but I was indeed able to develop

specific tools in which could foster my ability to return to a place of presence in the here and now during a dance/movement therapy session.

After developing a sound understanding of these tools and factors which composed my research study, I challenged myself to move beyond the basic confinements of the data, and created an interactive movement installation which invited spectators to actively move with me during a here and now experience. This creative synthesis was titled “The Dance of Here and Now: An Installation.” A total of ten individuals joined me within the sacred space of this movement installation while a large group of spectators stood by in order to witness the unfolding of this creative synthesis. Within the confines of the installation, various different movement qualities came forth as those within the space moved organically. Nearby props were utilized, conversations took place, moments of silence occurred, and physical touch was embedded throughout. Individuals who chose to take part in the installation entered and left the space at their own desired timing. The entirety of the movement installation took place for a length of 45 minutes, remaining within the sacred space which was created in the lobby of a dance/movement therapy concert.

This creative synthesis brought my findings into a physical movement experiential within the here and now, embodying my new understanding of presence. Through this installation, I was able to invite my findings to come forth organically, and embodied the tools I had developed for myself in an entirely new environment. Honoring the process of my data collection, I allowed an embodied movement response to take place after the installation was complete, and also invited a free association writing to occur (see appendix G). The completion of this installation led me to believe that the tools I had developed for myself within these categories may very well be transmittable to other populations for future dance/movement therapy sessions.

Summary

The results of this study indicated that the categories of: bodily sensations, environmental elements, relational dynamics, actions/processes, and cognitive beliefs, were each influential in the understanding of my complex relationship with presence as a dance/movement therapist. Within each category, concepts were organized into two separate overarching themes: factors which fostered presence versus factors which inhibited presence. These factors became the tools and cues for which I discovered how I as a clinician could observe and recognize how I was passing in and out of a state of therapeutic presence. The discovery of these tools coinciding with a greater understanding of the elements which both fostered or inhibited my personal ability to remain present during a session truly allowed me to better understand the dynamic role of presence within my personal approach to dance/movement therapy. These implications will be further divulged and examined in the following Discussion chapter.

Discussion

In this chapter I will discuss my findings at length, further describing how my initial research questions were answered through my investigation of presence in the realm of dance/movement therapy and dementia. I will discuss the connection between my study and the existing research related to my topic depicted within the literature review, and include a discussion on the limitations of my study as well. I will also divulge the added elements that came forth during my study, but were not initially considered at the beginning of my research. I will share the implications that my results might have on the field of dance/movement therapy, while also recommending additional research questions to add to the breadth of this specific topic for future research.

Research Questions

- How do the characteristics of the dementia population influence my ability to become and/or remain present?
- Can I not only learn how to recognize when I am in a state of therapeutic presence, but also become aware of the moments when I am not?
- Will I be able to discover tools through which I can return to a place of presence in a here and now experience?
- How can I better understand the role of presence within my approach to dance/movement therapy when working with an elderly population experiencing dementia?
- How can I utilize my understanding of presence in the future as an emerging dance/movement therapist, in addition to exploring it as a healing tool for my clients?

How do the characteristics of the dementia population influence my ability to become and/or remain present? As was previously discussed at length in the literature review, the term dementia describes a group of symptoms that affect thinking and social abilities severely enough to interfere with daily functioning. The effects of the disease are degenerative, contributing to a decline in overall functioning including: memory, communication, language, ability to focus or pay attention, reasoning, judgment, visual perception and abstract thinking (Bayles, Daszniak & Tomoeda, 1987). Sensory deprivation is also a common theme throughout the elderly population in general, which often leads to an overall disconnect to the body, and to the present moment experience (Johnson & Sandel, 1987). The combination of this symptomology typically results in high levels of disorientation, anxiety, confusion, and distress for these individuals on a daily basis.

Examined through the previous research, I discovered that embodiment and mindfulness were key aspects to the development of presence. Presence demanded that the therapist be fully in the moment on a multitude of levels, physically, emotionally, cognitively, spiritually, and relationally (Geller & Greenberg, 2012; Siegel, 2010). Therapists who are considered present became more aware of both their own experience and that of their clients through bodily sensations and emotions (Anderson, 2006; Geller & Greenberg, 2012). However, as a dance/movement therapist embodies the symptomology of a specific diagnosis, it is not uncommon to experience sensations of disorientation which could disrupt the therapist's ability to distinguish what experiences are his or her own, as separate from those of their clients'.

While facilitating dance/movement therapy sessions with this specific population for my research, I continually witnessed myself embodying the symptoms that my clients were experiencing. This often caused me to become disoriented and confused during the session,

losing a sense of connection to my bodily felt sensations. As depicted within my final results table, these factors inhibited my ability to remain or even obtain a sense of therapeutic presence within myself as a clinician during my sessions. However, as I continued to investigate the complexities of my personal understanding of presence, I began to uncover tools which allowed me to fully attune to my clients, while still remaining present in my mind and body.

Will I be able to discover tools through which I can return to a place of presence in a here and now experience? Thankfully the answer to this question was yes—I absolutely was able to discover specific therapeutic tools throughout this research process that helped me to continually return to a place presence throughout my dance/movement therapy sessions. These tools were succinctly depicted within my final data table (see appendix F). I discovered that the categories of bodily sensations, environmental elements, relational dynamics, actions/process, and cognitive beliefs each played an integral role in my ability to acquire or maintain presence as a clinician.

The tool of setting up the energy of the space before my dance/movement therapy sessions began was critical. This concept directly related to the research done by Geller and Greenberg (2002), entailing the importance of preparing the ground for presence. Through this element I was able to begin the process of creating a safe therapeutic container. Bringing greater awareness to the energy of the environment, and providing a sacred space resonated with what art therapy professor Robbins (1998) spoke to previously about regarding the need for a safe container within a therapy session. Robbins (1998) believed it was the responsibility of the therapist to create and contain a space which was open, non-judgmental, trustworthy, and most importantly safe.

Adding to what Robbins (1998) considered to be a safe container, I invited a sense of congruence to come forth between my clients, myself, and the energy created between us. As each session took place, I began noticing when the space between the client and I became a shared, sacred experience, influencing the ability for both myself and the client to remain present in the here and now. Atkins (2014) previously captured to this phenomenon:

To be aware of the *in-between* means to be aware of the environment, to sense the tone and rhythm of the changing atmosphere of the session and to notice and trust what is happening in the ongoing moment-to-moment process of encounter. This awareness includes holding the intention to create an atmosphere of confidence and trust while simultaneously holding an expectation for surprise and change, and paradoxically, at the same time letting go expectations. (p.71)

Learning how to recognize the subtle energy shifts within the atmosphere of the room became an invaluable tool for developing a sense of congruence between me, the client, and the space we created together during the session. Once I began to bring greater awareness to the energy of the environment, I started to recognize subtle shifts of energy flow from my clients, providing me with a way in which to attune to them without becoming overwhelmed by the embodiment of their symptomology. However, Robbins (1998) believed that the maintenance of containing this type of atmosphere required an emotional centering of the therapist.

I sought to develop tools through which I could invite this type of centering both in my body and in my mind. By physically moving my body briefly before my dance/movement therapy sessions would take place (swinging, dropping my weight, stretching, jumping, or simply breathing intentionally), I encouraged a sense of physical grounding throughout my body, coinciding with an activation of my core. When I felt I was most present within my body, I

would continually witness a hollowing out of my internal space, primarily providing a safe container within myself first, in order to efficiently hold a sacred space within the room. Atkins referred to this therapeutic process as creating a “*holding environment*, an atmosphere of physical, emotional and cognitive safety and support, in which personal exploration can occur” (Atkins, 2014, p. 62). When I allowed these bodily felt sensations to emerge, I also began to recognize the influence of my intuition naturally coming forth as a driving force, allowing the flow of the therapy session to occur organically.

This shift encouraged a mindful awareness of my bodily felt sensations, encouraging me to utilize the tool of my body knowledge while embodying my clients. Dance/movement therapists utilize the body as a tool for knowledge within the therapeutic relationship (Anderson, 2006), allowing bodily sensations to bring attention to the here and now experience through the process of embodiment. As stated earlier within the literature, a therapist who is considered present becomes more aware of both his or her own experience and that of his or her clients through bodily sensations and emotions (Anderson, 2006; Geller & Greenberg, 2012). The physical grounding which came about from physically moving before, during, and after the session provided me with the ability to recognize what bodily sensations were my own versus that of my clients.

The skill of learning how to trust in the process of my dance/movement therapy sessions proved to be one of the most difficult tools for me to acquire. However, by utilizing some of the aforementioned tools I had developed, my increased sense of grounding welcomed the uncertainty which came about through allowing the transformation of the session to unfold organically. Reminding myself to trust in the process throughout the session was an incredible

tool that inspired me to consistently become aware of the here and now, and also remain open to whatever could arise during the session.

This echoed the tool I discovered of consciously making the decision to remain open and nonjudgmental towards myself and my clients throughout my dance/movement therapy sessions. By bringing greater awareness to my own body knowledge and body prejudice, I attempted to diminish any misinterpretations I might have had in relation to the movements and behavior of my clients. When I invited a greater sense of openness, flexibility, and adaptability within myself as a clinician, I encouraged a dialogue between my mind and body to take place. This supported the belief Siegel (2010) held about maintaining a FACES flow—inviting a sense of increased flexibility, adaptability, coherence, energy, and stability within the therapy session. The development of this tool became the most influential of my findings as I discovered I could continue to use my cognition in a productive way, while still remaining present in the here and now. This concept reflects what psychologist Bishop (2002) previously spoke to about the concept of mindfulness:

Mindfulness has been broadly conceptualized as a state in which one is highly aware and focused on the reality of the present moment, accepting and acknowledging it, without getting caught up in thoughts that are about the situation or in emotional reactions to the situation. (p. 71)

This concept of a non-judgmental mindfulness is spoken to in a way which could be viewed as actively combating body prejudice. Bishop (2002) incorporated the need to acknowledge the thoughts and emotions which are bound to occur during a present moment experience, without allowing them to take over the therapist's ability to remain mindful.

Each of these tools developed in a succession of complexity, respectively feeding into one another, fostering a dynamic sense of presence throughout the session. As I discovered the tool of creating a safe therapeutic environment, I began recognizing that I needed an increased sense of grounding and greater awareness of my own bodily felt sensations in order to maintain this type of atmosphere. When I continually brought conscious awareness to my body knowledge, an increased flow of information between my mind and body took place. This allowed me to increase a sense of openness and flexibility within myself, successfully trusting in the process of the group, and serving the needs of my clients in the here and now. Whenever I began recognizing myself drifting away from a place of therapeutic presence during my dance/movement therapy sessions, I would consciously incorporate one of these many tools in order to foster a shift towards a more present place within myself as a mindful clinician.

Can I not only learn how to recognize when I am in a state of therapeutic presence, but also become aware of the moments when I am not? I was indeed able to consciously incorporate the tools I had developed when I became aware of myself drifting away from a state of therapeutic presence throughout the session. Counter to this idea, I also learned how to recognize when my therapeutic tools were fostering a shift towards a greater sense of presence within myself. This awareness developed slowly throughout the process of my research study, and often revealed itself in subtle ways.

Experimenting with my new therapeutic tools provided me with clues as to how present I was or was not at any given moment. When I would experience the sensation of these subtle clues (see Results chapter), I felt it was my intuition that was providing me with the information. Supporting this idea related to intuition, Anderson stated, “Intuition is defined as a facility of knowing achieved through imaginal and symbolic processes, refined attention to bodily

sensations, or alternative states of consciousness in contrast to rational processes” (Anderson, 2006, p.5). The clues that revealed if I was in a place of greater therapeutic presence included: an increased sense of grounding in my body, an activation or hollowing out of my core, a sense of congruence between my client and I, successfully recognizing what sensations were my own as separate from my clients’, recognizing energy shifts within the room, trusting the natural flow of the session, and believing in myself as a clinician.

Clues that indicated I was lacking therapeutic presence included: decreased body awareness, a disconnect between mind and body, feelings of disorientation—foggy, fatigued or stressed, increased verbal processing and cognition, imposition of contrived interventions, believing the group was unproductive, and feelings of insecurity and self-judgment. I frequently considered these clues throughout my dance/movement therapy sessions, and invited these intuitive clues to provide me with the knowledge of what therapeutic tool I should access in order to counteract any inhibition of presence, continually striving to foster a greater sense of presence within myself.

How can I better understand the role of presence within my approach to dance/movement therapy while working with an elderly population experiencing dementia? Throughout this study, my understanding of presence continued to evolve and expand the further I delved into my research process. My investigation into the search for personal tools through which I could become and maintain a sense of therapeutic presence truly uncovered how complex and integral the role of presence was for me while practicing dance/movement therapy with an elderly population experiencing dementia.

As was previously discussed, the effects of dementia are degenerative, contributing to a decline in overall functioning, resulting in a disconnection between mind, body, and the present

moment experience (Johnson & Sandel, 1987). While facilitating dance/movement therapy sessions with this specific population, I continued to witness myself embodying this type of symptomology. This caused me to become disoriented and confused during the session, losing a sense of connection to my bodily felt sensations, and to the here and now.

With the symptomology of dementia filling the therapy room, both my clients and I found ourselves in a whirlwind of confusion, disorientation, and anxiety with no connection to our bodies, or to the present moment. For this particular environment, the role of presence became absolutely crucial in order to bring all individuals back into the here and now experience. Many of these clients suffered from memory loss, leaving them with only the present moment as an orientation to reality. This furthered the importance for me to better understand my personal relationship with presence in order to provide a safe container for which these clients could explore and fully experience themselves in the here and now.

As I continued to investigate and implement the many elements which made up my personal experience of presence, I began noticing influential shifts throughout my dance/movement therapy sessions. The more I recognized intuitive clues and utilized the tools I had developed, the more I began to witness an increase in client engagement. Energy levels rose, as kinespheres (see appendix A) grew, movements expanded in size and speed, postures lengthened, and eye contact between clients increased. Shockingly enough, some of these clients who were primarily wheelchair bound felt inspired enough to get up and move with me. As my relationship and understanding of presence continued to expand, I witnessed this type of client engagement continue to increase throughout my dance/movement therapy sessions. Although this research study took a heuristic approach, solely examining my own personal experience, I

could not help but recognize the impact that my increased therapeutic presence might have had on this drastic change in client engagement.

With all of this being said, through my investigation I was in fact able to better understand the role of presence for myself while practicing dance/movement therapy with an elderly population experiencing dementia. I discovered that my therapeutic presence for this particular population was integral in order for me to facilitate dance/movement therapy sessions efficiently, and truly support the needs of my clients in the here and now. However, I also discovered that presence is a dynamic process in and of itself, constantly shifting, needing nurturance in order to thrive and sustain throughout the session. This discovery has led me to believe that the development of my therapeutic presence will continually evolve and expand as I continue to utilize tools in which to foster it.

Remaining open to all that could occur in the present moment while welcoming the concept of the unknown, has provided me with the ability to trust in the process, and let go of expectations. As dance/movement therapist Atkins (2014) previously stated, “This awareness includes holding the intention to create an atmosphere of confidence and trust while simultaneously holding an expectation for surprise and change, and paradoxically, at the same time letting go expectations” (Atkins, 2014, p.71). The understanding and implementation of my therapeutic presence was hugely influential for this particular population, and may quite possibly be influential for all clientele I have in the future.

How can I utilize my understanding of presence in the future as an emerging dance/movement therapist, in addition to exploring it as a healing tool for my clients? This heuristic research process truly did bring about a new understanding of what presence embodies for me, and what it means to invite a state of presence into my whole being as an emerging

dance/movement therapist. I now understand presence as a dynamic process which is constantly shifting and changing. As I remain mindful in the here and now, I continuously bring greater awareness to all the factors which both foster and inhibit my ability to remain present. Noticing subtle intuitive cues provides me with information regarding what my presence needs in the here and now in order to reinvigorate itself.

As was previously discovered in the literature review, presence demanded that the therapist be fully in the moment on a multitude of levels, physically, emotionally, cognitively, spiritually, and relationally (Geller & Greenberg, 2012; Siegel, 2010). A therapist who is considered present becomes more aware of both their own experience and that of their clients through bodily sensations and emotions (Anderson, 2006; Geller & Greenberg, 2012). Through this greater understanding of presence, I became more aware of all the factors occurring in the here and now throughout my sessions. This included bodily sensations, environmental elements, relational dynamics, my actions as a clinician, and my cognitive beliefs.

Through the recognition of these factors, I continually utilized the tools I had developed in order to bolster my therapeutic presence. The factors I compiled in order to create my final data table became a type of toolbox for me. The more I utilized these tools during my dance/movement therapy sessions, the stronger my therapeutic presence felt. This led me to believe that these personal tools which fostered presence within me as a clinician may one day act as healing tools for my future clients as well. Inviting the exploration of these factors in dance/movement therapy sessions with future clients may inspire a greater sense of presence within my clients as it did for me, adding to the therapeutic relationship, and to the healing process.

My Study as it Relates to Existing Research

Literature on how a dance/movement therapist, or any therapist for that matter, might develop and maintain a sense of presence while working with an elderly population experiencing dementia has not been specifically researched. However, my study, which examined the role of presence within my personal approach to dance/movement therapy while working with an elderly population experiencing dementia did add to the previous literature discussed related to the concepts of presence, mindfulness, embodiment, here and now, dementia, the therapeutic relationship, and dance/movement therapy. This study was unique in its heuristic and qualitative approach, which provided an in-depth, personal account of the research, and therapeutic tools for both me, and other dance/movement therapists to consider in the future.

Existing research revealed that the concept of presence was absolutely an essential aspect to beneficial therapy, and was inherently a key factor in the development of a therapeutic relationship within all healing modalities (Geller & Greenberg, 2012; Robbins, 1998; Siegel, 2010; Yalom, 2002). Quite possibly the most integral of these modalities—the literature revealed that dance/movement therapy utilized the body of the facilitator as a tool for knowledge within the therapeutic relationship (Anderson, 2006). Dance/movement therapy provided an outlet for the elderly population to fulfill their unique needs (Levy, 2005), while also exploring the adaptive functions they still possessed in the present moment.

Previous literature explained that the dance/movement therapist welcomed his or her own bodily sensations in order to bring greater attention to the here and now experience through the process of embodiment (Anderson, 2006). My study revealed the importance of these relational dynamics by incorporating this tool of embodiment in order to recognize the subtle shifts which occurred within each client throughout the session. By remaining open and nonjudgmental, I was

able to provide my clients with what they needed in the here and now, increasing a sense of trust within our therapeutic relationship.

However the literature also supported my experience of disorientation and confusion while I embodied the symptomology of dementia. The research suggested that as a dance/movement therapist embodied the symptomology of a specific diagnosis, it was not uncommon for him or her to experience sensations of disorientation, disrupting the therapist's ability to distinguish what experiences were his or her own, as separate from that of his or her clients. I experienced this phenomenon at the beginning of my research, inspiring me to further research it. However, as I began inviting the involvement of my whole self to the session as was previously reported, I witnessed a type of resiliency in my therapeutic presence as I continually utilized the fostering tools I had developed throughout my research.

The literature revealed that this type of embodiment was essential to the development of mindful awareness practices, bringing mindfulness into a living form of expression (Tantia, 2014). It has been widely discussed that these mindfulness practices could in fact be utilized as tools for the therapist to both acquire and maintain therapeutic presence. Throughout my study I continually explored the concept of embodiment as a tool which fostered a sense of therapeutic presence within me. This embodiment evolved into an increase in mindful body awareness, and also encouraged the action of physically moving before, during, and after a session in order to fully comprehend what had previously taken place. The development of these tools continued to evolve and take shape during my investigation, extending the previous literature.

Preceding research demonstrated that the maintenance of presence required a great deal of intentionality from the facilitator, and that it was the responsibility of the therapist to create and contain a space which was open, trustworthy, and most importantly safe for the client to

explore (Atkins, 2014; Eberhart, 2002; Robbins, 1998; Siegel, 2010). This type of co-constructed reality created an open and non-judgmental environment, inviting the space to become sacred (Adler, 2007; Atkins, 2014; Geller, 2013). This reflected what Siegel (2010) spoke to as maintaining an atmosphere of COAL—curiosity, openness, acceptance, and love.

My study echoed these beliefs as I discovered the influential tool of physically and energetically setting up the space of the therapy room before the session took place, inviting a sense of openness, trust, and safety. When I was able to provide this safe therapeutic container, a sense of congruence occurred between my client, myself, and the space created between us. The space became sacred. This echoed what expressive therapist Atkins (2014) considered as an interactive encounter with whatever was present in awareness, including the self, the other, and the atmosphere that was created in between.

The literature stated that the qualities of openness and trust in the process within a here and now experience appeared to play a crucial role in the development of any kind of therapeutic relationship (Atkins, 2014; Siegel, 2010; Yalom, 2002). My study revealed how powerful trusting in the process of the group could be for me and for my therapeutic relationships. Inviting a sense of openness and nonjudgment towards myself increased a sense of flexibility and adaptability within my approach to my dance/movement therapy sessions. This echoed Siegel's (2010) belief in embodying an attitude of COAL—curiosity, openness, acceptance, and love, coinciding with a FACES flow— flexibility, adaptability, coherence, energy, and stability within a therapy session (Siegel, 2012). This flexibility allowed for a dialogue to take place between my mind and body, increasing my ability to fully attune to the needs of my clients, establishing greater trust within our therapeutic relationship.

Within the research, the therapeutic relationship was considered instrumental for positive growth and change to occur within all therapeutic modalities. There appeared to be an interconnected dynamic between presence and the therapeutic relationship; one consistently feeding into the other, fostering growth. According to the literature, the therapeutic relationship was fundamentally developed through the concept of therapeutic presence, which in turn created the most effective therapy. The research done by doctors Geller and Greenberg (2012), suggested that presence involved more than just the quality of being of the therapist, but included the presence of the client, and the dynamic relationship itself.

In regards to this relational element, clinical psychologist Geller (2013) stated:

As clients experience their therapists' presence, they become more present themselves and with their therapist. As both open and become present with each other, relational therapeutic presence begins to emerge. Relational therapeutic presence refers to the deepening of the state of presence that occurs as a function of two (or more) people being fully present with one another. The relationship between creates a larger sense of spaciousness and access to wisdom and flow that is opened in relationship to each other and the moment. (p.180)

This concept of relational therapeutic presence began to organically present itself; however, my study did not fully investigate the concept of presence within the client relative to my own therapeutic presence. A limitation of my study could be seen in its heuristic approach, solely examining my own personal understanding of presence in relation to practicing dance/movement therapy with an elderly population experiencing dementia. This study was unable to fully investigate the impact of my presence on the therapeutic relationship, and how it was perceived by my clients.

However, as I continued to implement the many elements which made up my personal experience of presence, I began noticing influential shifts throughout my dance/movement therapy sessions, including an increase in client engagement. I could not help but recognize a correlation between my therapeutic presence and client engagement. I cannot say for certain if this was exactly the case, for I did not set out to investigate this element in my study. However, I can say that I personally experienced an incredible deepening of my therapeutic relationship with each of these clients the more I understood and implemented my therapeutic presence throughout my sessions.

Within the research, the concept of presence itself possessed many different definitions. However, the overarching themes entailed a sense of remaining fully open to a here and now experience physically, emotionally, cognitively, spiritually and relationally (Geller & Greenberg, 2012; Siegel, 2010). This kind of presence, which involved the whole self of the therapist, has been regarded as more essential for effective therapy than any theoretical framework, or intervention a therapist might utilize within a session (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001).

Supporting this belief, as I continued to investigate the factors that fostered my presence, I discovered I was most therapeutically present when my whole self was fully involved during the session, physically, emotionally, cognitively, and relationally. However, my study took the concept of presence further as my findings implied that presence was a dynamic process which was constantly shifting and changing. In this light, the therapist must develop a relationship with presence while remaining open and mindful of this consistent change, ready to incorporate tools in which to foster it.

Summary

Within this research study I investigated how I could develop a sense of therapeutic presence, while examining what it may truly look like within me as a clinician as I facilitated dance/movement therapy sessions with an elderly population experiencing dementia. I also sought to ascertain specific therapeutic tools which would allow me to continually access and maintain presence for future dance/movement therapy sessions. This study set out to answer the following questions: How do the characteristics of the dementia population influence my ability to become and/or remain present? Can I not only learn how to recognize when I am in a state of therapeutic presence, but also become aware of the moments when I am not? Will I be able to discover tools through which I can return to a place of presence in a here and now experience? How can I better understand the role of presence within my approach to dance/movement therapy when working with an elderly population experiencing dementia? How can I utilize my understanding of presence in the future as an emerging dance/movement therapist, in addition to exploring it as a healing tool for my clients?

To research this topic, I utilized the methodology of heuristic inquiry, which analyzed my personal experience as the primary source of data. Through this self-study, I was able to discover personal tools which fostered my ability to remain present in the here and now, while also becoming more mindful of how my therapeutic presence was continually shifting. My investigation into the role of presence uncovered how integral this phenomenon was for me while practicing dance/movement therapy with an elderly population experiencing dementia.

This heuristic research process truly did bring about a new understanding of what presence personally embodied for me, and what it meant to invite a state of presence into my whole being as an emerging dance/movement therapist. I now understand presence as a dynamic

process which is constantly shifting and changing. As I remained mindful in the here and now, I continuously incorporated greater awareness to all the factors which both fostered and inhibited my ability to remain present. I learned how to recognize intuitive cues which provided me with information about what my presence needed in the here and now in order to be maintained. In this way, my relationship with presence became a type of dance—constantly adapting to the ebb and flow of intensity, rhythm, and change of direction.

My decision to embark on this research journey initially emerged from a desire to be the best version of myself as a future dance/movement therapist as I could possibly be. I hoped to further understand my relationship to presence while working from a place of here and now as it related to my future understanding of who I was becoming as an emerging dance/movement therapist. Through this greater understanding of my relationship to presence within a dance/movement therapy group, I also hoped to further connect with my intuition and provide interventions which would best suit the needs of my future clients.

As I move forward as an emerging dance/movement therapist, I now have the opportunity to carry these tools and discoveries with me, allowing my relationship with presence to continually grow and become innate within my practice. My new relationship with presence has added breadth and depth to my evolving Rogerian and Chacian theoretical framework, supporting my belief in a client-centered approach. As I remain open to all that will take place in the here and now, I will continually strive to foster a sense of therapeutic presence within myself, listening to the subtle cues of my intuition in order to support the needs of my future clients. I know this new understanding of presence will forever impact my approach on future dance/movement therapy sessions with all possible diagnoses and populations.

Through this heuristic research process, I discovered that my therapeutic presence was an integral element of who I am becoming as a dance/movement therapist. However, simultaneously, as heuristic research often does, the discoveries I have made about my relationship to presence have filtered into my everyday life as well—inspiring me to consistently live in the here and now. Discovering the tools I needed to acquire and maintain presence has allowed me to become more open and mindful in my daily activities. Siegel spoke to this evolution of presence when he stated, “...what presence may essentially be is the ability to create an integrated state of being that becomes a trait in our lives” (Siegel, 2010, p.31). My ability to remain present in the here and now has slowly filtered into all aspects of my life, encouraging me to become the best version of myself I can possibly be.

My ability to remain mindfully present outside of the therapy room truly became a gift which has positively influenced my individual happiness, personal relationships, and overall outlook on life. Anderson spoke to this phenomenon when she stated, “These intuitive inquiries often transform the researcher’s understanding of the topic studied *and* the personal lives of the researcher, sometimes profoundly so” (Anderson, 2006, p.2). This heuristic research went beyond the confinements of a simple self-study, and will forever have an impact on how I understand myself as an individual.

Possible dance/movement therapy implications. This research allowed me to develop a sound understanding of my personal relationship to presence during dance/movement therapy sessions with an elderly population experiencing dementia. The results of my research provided me with a concrete table which depicted the factors that both fostered and inhibited my therapeutic presence. Within each of these factors were the categories of: bodily sensations, environmental elements, relational dynamics, actions/processes, and cognitive beliefs. Each

category contained personal intuitive clues and tools I had discovered for myself throughout my research.

I believe that this final data table in and of itself, could possibly provide a great deal of insight to the field of dance/movement therapy. Although this table was created to suit my own personal needs, the basic categories within the table could provoke exploration within other dance/movement therapists as well. The framework of the table could provide a structure for investigation into one's own personal understanding of presence. Perhaps this table could even be expanded into the framework of a future dance/movement therapy in-service or workshop.

Any dance/movement therapist could choose a category within this final data table in which to self-reflect or examine their practice. Perhaps he or she is curious about the environmental elements which might foster or inhibit their therapeutic presence? Or a dance/movement therapist may be curious about how his or her own cognitive beliefs might play a role in remaining present? Perhaps the exploration of presence could also be incorporated into the academic studies of dance/movement therapy in general, provoking students to wonder about their own relationship to presence, and what it could look like within their future practice.

Future research questions. There were several elements and ideas which presented themselves to me throughout this research process that I had not previously intended to explore. One of these was the concept of exploring how the presence of my clients was affected by my therapeutic presence as a clinician. The research done by doctors Geller and Greenberg (2012), suggested that presence involved more than just the quality of being of the therapist, but included the presence of the client, and the dynamic relationship itself. However, my study did not fully investigate the concept of presence within the client relative to my own therapeutic presence. Some possible future research questions related to this topic could be: Are my clients able to

recognize when I am therapeutically present as a clinician? How is the presence of my clients affected by the fostering or inhibiting of my therapeutic presence throughout the session? Are my clients aware of their own presence? How does my increased sense of presence influence our therapeutic relationship according to the client?

Another idea which began to present itself throughout my research was the idea of spirituality. As I continued to invite the concept of a dialogue between my mind and body, I began experiencing sensations which I attributed to as feeling my spirit enter the therapeutic space. I also began to wonder about the subtle intuitive cues I was receiving throughout my dance/movement therapy sessions—could these intuitive sensations actually be the work of my spirit coming into play? Siegel (2010) spoke to this impression of spiritual knowing when he stated, “It is possible to perceive our inner sea—one that is distinct from this spatial, physical world of body and external objects” (Siegel, 2010, p.5). Some possible research questions to consider for future research related to this topic could be: How does the further understanding of presence invite a sense of spirituality into the practice of dance/movement therapy? How are the concepts of therapeutic presence and spirituality interrelated? Is the process of investigating the concept of presence similar to that of investigating spirituality?

The underpinnings of my findings also began to imply that there could be a relationship between self-care and presence within the field of dance/movement therapy. As I continued my research process and began implementing my findings into my daily practice, I began to notice a correlation between my ability to remain present with my self-care practice. The more mindful I was of my own experiences in the here and now, the more I was able to incorporate the type of self-care I needed on a daily basis as a dance/movement therapist. Some possible research questions to expand on this topic for future research could be: Is there a relationship between

therapeutic presence and self-care? Is the exploration and development of presence a type of self-care in and of itself?

Through my heuristic approach, this study solely examined my own personal understanding of presence in relation to practicing dance/movement therapy with an elderly population experiencing dementia. This study was unable to fully investigate the impact of my presence on the therapeutic relationship, how it was perceived by my clients, or how it might have influenced the work environment of my clinical site. I believe pushing this study beyond the parameters of a heuristic inquiry and investigating the impact of therapeutic presence on various different populations or environments would add both breadth and depth to this research.

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Appendix A: Operational Definition of Terms

Attunement

Signals which are sent from one person to another, tuning into those incoming streams of information, and attending fully to what is being sent rather than becoming swayed by our own personal biases (Siegel, 2010).

Body Prejudice

Occurs when a dance/movement therapist begins to misinterpret their own body knowledge within a session, causing them to misjudge the meaning behind the behavior and movement of their clients (Moore & Yamamoto, 2012).

Countertransference

A term commonly used within the field of psychology, referring to the shifting of a therapist's feelings and emotional confusion towards a client (Racker, 1982).

Dance/Movement Therapy

“The psychotherapeutic use of movement as a process that furthers emotional, cognitive, physical and social integration of the individual” (American Dance Therapy Association, 2015).

Dementia

Describing a group of symptoms which affect thinking and social abilities severely enough to interfere with daily functioning. The diagnosis of dementia indicates problems with at least two brain functions such as memory loss, impaired judgment, language, or shifts in perception (Lunde & Smith, 2014).

Embodiment

Mindful attention to bodily sensations and emotions in relation to working with a client. Within dance/movement therapy, embodiment is viewed as allowing the body to bring attention to the here and now experience (Tantia, 2014).

Grounding

Inviting the body to sink further into the ground, often thought to aid in self-regulation by bringing the person into a here and now awareness where all self-regulation work can take place (K. Juzwin, personal communication, 2006).

Here and Now

An intersection between the past and future (Parks, 2008), a moment in time occurring in the present moment. Here and now approaches can be regarded as a way to therapeutically work in the present moment, becoming oriented to when, where, and what is taking place within a session (Atkins, 2014).

Intersubjective Field

A system between two or more individuals designed for empathy and connectedness. Within this connected space, the psychological energy of each individual moves between and interacts with the energy of others in the room—creating an intersubjective experience of intuitive knowledge and understanding (Stern, 2004).

Intuition

“Intuition makes immediate knowledge possible without the intervening steps of logic and reasoning” (Moustakas, 1990, p.23). Jung (1973) defined intuition as perception via the unconscious, using sense-perception only as a starting point, to bring forth ideas, images, possibilities, ways out of a blocked situation, by a process that is mostly unconscious.

Kinesphere

Created by Rudolf Laban to define: “the sphere around the body whose periphery can be reached by easily extended limbs without stepping away from that place which is the point of support when standing on one foot” (Laban, 1966, p.10).

Kinesthetic

The sense that detects bodily position, weight, or movement of the muscles, tendons, and joints. The sensation of moving in space (Anderson, 2006).

Mindfulness

Commonly defined as a state in which one is highly attuned to the reality of the present moment, bringing attention to all that is happening without any preconceived judgement (Bishop, 2002; Kabat-Zinn, 2005; Siegel 2010).

Presence

A way of being fully conscious and attentive in the present moment with one’s whole self (Geller & Greenberg, 2002; Jung, 1973; Robbins, 1998; Rogers, 2000; Twemlow, 2001).

Somatic Countertransference

Refers to the bodily felt sensations a therapist experiences during countertransference towards a client (Dosamantes-Beaudry, 2007).

The Therapeutic Relationship

The unconditional and nonjudgmental bond between clinician and client (Rogers, 1979).

Appendix B: Structured Journal Entry Questions

- What was my relationship to presence immediately before the session began? (Any sensations, images, feelings, thoughts)
- How did I recognize moments when I found myself to be completely present?
What were the results of this presence?
- When did I notice moments where my presence was lost?
- What elements of the session contributed to my oscillation of presence?
- When did I feel the most connected to my intuition throughout the session?
- What is my relationship to presence now that the session is over? (Any sensations, images, feelings, thoughts)

Appendix C: Artwork



Appendix D: Restating Key Phrases

() *numbers in parenthesis indicate the amount of repetition within the data

Phrases related to the fostering of presence:

- Presence has left an impact
- Breathing (2)
- Self-massage
- Rhythm state (7)
- Physically dancing (3)
 - Body action (2)
- Working 1:1 with client (2)
- Lost in process
- Attuned to client- their energy, flow, movement, spirit
- Know the client's limits
- Moved before the group (6)
 - Grounding exercises
 - Swings, shaking, stretching
 - 3D breathing
- Taking a deep breath during the session
- Clients felt seen by me (2)
- Took my time without judgment (5)
- Felt centered (3)
- Felt warmth
- Sense of calm, peacefulness (3)
- Activation of core/pelvis
- Present from the group before
- Trusted in the process (2)
- Deliberate, slow, intentionality
- Time had stopped
- Set up the space/energy of the room (7)
- Set an intention
- Listened to my body
- Continued to check in with my breath
- Feeling almost outside of my body (outside observer)
- Invested in the space that lives between the client and I
- My intuition chimed in/lead/listened to it/trusted it (10)
- Time goes by fast-timelessness(3)
- Felt energized
- Brought movement back into the body during the group
- Centering movement throughout the group (2)
- I felt whole, complete, and grounded (4)
- Could feel the tension and emotions in the room
- Provided a therapeutic environment (2), created a safe atmosphere, held a safe container (3)
- Clients felt safe in the environment
- I felt as if I was a hollow container, able to safely take things in
- Invested in my body
- Grounded (3)
- Hollowing out of my core (2)
 - Filling of light/energy
- Sense of cohesion (2)
- Positive energy
- Stayed in the here and now
- Less talking, more movement
- Encouraged the use of senses
- Ignored self-doubt
- Recognized energy and feelings of the clients in the room (3)

- Trusted this
- Slowed down (2)
- Able to properly mindsight
- Felt connected to myself and to clients (2)
- Sense of opening (3), lightness, and floating (3)
- Found a successful way in which to enter in and recognize what is, and what isn't mine within the session
- Allowed the process of the intervention to naturally unfold
- My body provided me with cues: telling me certain interventions felt forced—increased awareness
- Sensations in my torso and chest
- Felt my spirit was opening
- Creating a flow of energy between body and mind
- Connected to my spirit/space around the room
- The space felt sacred (2)
- Sensed an interplay between myself, and the outside world
 - Sense of congruence between myself, the clients, and the space we had created together
- Body awareness increased
- Able to attune to what the clients needed
- Body was the driving force (2)
- Chest, sternum, and solar plexus are activated
- Kinesphere was large
- Allow the energy of the room to unfold naturally
- Remained open, and nonjudgmental
- Authentic interchange between the clients and myself

- Shifts in cognition of the clients
- Increased flexibility and adaptability
- Allowed the transformation of the group to unfold organically
- Bringing consciousness to my body felt sensations (1)
- Pausing to notice—Stronger observing ego
 - Using cognition in a more therapeutic way

Phrases related to the inhibition of presence:

- Wasn't able to physically move before (4)
- Believed there was floundering
- Checking the clock (2)
- Felt stuck
- Noticed decreased client engagement (2)
- People barging unexpectedly into the space
- Feeling tired, drained, dragging, foggy, slow (2)
- No longer had awareness of breath
- No sense of groundedness (2)
- Felt out of my body (4)
- Believed interventions were taking too long
- Feelings of insecurity/questioning/nervousness (2)
- Staying in my head (2)
- Throwing in too many interventions
- Started the group feeling disconnected from my body (2)
- No chance to set up the energy of the space (4)

- Disconnected from my body throughout the group (2)
- Too much negative energy
- Trying to convince clients to attend the session
- Feeling disoriented/disorganized-Spaceless
- Felt rushed
- Characteristics of the diagnoses/Lower functioning groups
 - Disorienting
 - Anxious
 - Confused
- Imposing contrived interventions on the clients (2)
 - My own agenda—not theirs
 - Not organic
 - Desire to make an intervention “fit”
 - Disrupting authenticity
- Becoming self-indulgent(2)
- Sudden death/loss of a client
- Increased verbal processing, decreased movement
- Feeling disconnected from the group
- Vitality was leaving the room
- No longer working in the here and now
- Placing value on movement
- Late to start the group (2)
- Feeling frustrated
- Disconnect between mind and body
- My body prejudice
- Self-judgement

Appendix E: Theme Clusters with Labels

Clusters of phrases FOSTERING Presence:

<p><u>Body Sensations</u></p> <ul style="list-style-type: none"> • Felt centered, whole, complete, grounded, Solid • Activation of core/pelvis, sensations in my torso and chest (heart chakra) sensation of opening, calmness, peacefulness, warmth • Chest, sternum, and solar plexus activated • Kinesphere was larger • Feelings of presence from the group before • Feeling outside of my body (outside observer) • My intuition chimed in, providing cues • Body was the driving force • Feeling energized • Sensations of light, energy, and floating • Body awareness increased. Could feel the tension and emotions in the room. • Brought greater consciousness to my body felt sensations • Felt as if I was a hollow container, able to safely hold things • felt my spirit was opening as my energy was streaming out 	<p><u>Environmental Factors</u></p> <ul style="list-style-type: none"> • Set up the energy/atmosphere of the space beforehand • Provided a therapeutic environment, held a safe container, clients felt safe in the environment • Sense of timelessness in the room • Could sense the tension and emotions in the room • Sense of cohesion • Positive energy • Connected to space around the room • The space became sacred • Sensed an interplay between myself, and the outside world • Sense of congruence between myself, my clients, and the space we had created together • Accessing the space between the clients and myself • Allow the energy of the room to unfold naturally • Created a therapeutic space as an extension of myself
<p><u>Relational Factors</u></p> <ul style="list-style-type: none"> • Presence left an impact on clients • Working 1:1 with client • Attuned to client (their energy, flow, movement, spirit) • Fully embodying client • Know the client's limits • Clients felt seen by me • Invested in the space that lives between the client and I • properly mindsight • felt connected to myself and clients • recognized what was, and what wasn't mine within the session • Able to attune to what the clients needed in the here and now • Authentic interchange between the clients and myself • Shifts in cognition and client engagement • Recognized energy and feelings of the clients in the room 	<p><u>Actions/Processes</u></p> <ul style="list-style-type: none"> • Trusting in the process: allow the clients to lead interventions, allow the transformation of the group to unfold organically, taking the time without judgment or self-doubt • Trust in myself, my intuition, and my body felt sensations • Physically moved before the group <ul style="list-style-type: none"> ○ Grounding exercises, dropping weight, centering ○ Self-massage ○ Swings, shaking, stretching, circular movements ○ Rhythm state ○ Intentional breathing • Physically moving throughout the group: Continually checking in with my body, inviting movement back into the session • Less talking, more movement- allow the body to lead • Stayed in the here and now, encouraged the use of senses

Cognitive Beliefs

- Remained open
- nonjudgmental
- Believed in myself as a change agent
- Allowed a conversation to occur between my body and mind
- Increase flexibility and adaptability
- Pausing to notice. Stronger observing ego
 - Using cognition in a more therapeutic way. Allow for a conversation between mind, body and spirit. Mindfully recognizing shifts- awareness increased, properly mindsighted

Clusters of phrases INHIBITING Presence:

Body Sensations

- Feeling tired, drained, dragging, foggy, slow
- Felt out of my body—Loss of body awareness: No longer had awareness of breath or a sense of groundedness
- Disconnect between mind and body
- Began the group feeling disconnected from my body, and throughout the group as well
- Disoriented/Disorganized—Spaceless
- Felt rushed

Environmental Factors

- Outside Disruptions—People barging unexpectedly into the space, affecting authenticity and safety
- Confidentiality is breached
- No chance to set up the energy of the space
- A large amount of negative energy
- Energy/vitality was leaving the room

Relational Factors

- Noticed decreased client engagement
- Characteristics of the diagnoses/Lower functioning groups
 - Disoriented
 - Anxious
 - Confused
- Felt disconnected from the group
- Convincing clients to attend session
- Sudden death/loss of a client

Actions/Processes

- Wasn't able to physically move before session
- Checking the clock
- Hard time getting into my body
- Throwing in too many interventions/Imposing contrived interventions
- Late to start the group
- Increased verbal processing, decreased movement
- Working solely from a place of cognition
- no longer in the here and now

Cognitive Beliefs

- I believed an intervention was taking too long/ Believed there was floundering
- Feelings of insecurity
- Questioning
- Felt stuck, annoyed, nervous
- Self-judgement
- Placing value on movement
- Staying in my head
- Desire to make an intervention “fit”
- Serving my own agenda—not the clients.
Self-indulging
- My body prejudice

Appendix F: Final Data Table

	Bodily Sensations	Environmental Elements	Relational Dynamics	Actions & Processes	Cognitive Beliefs
<i>Factors Fostering Presence</i>	<ul style="list-style-type: none"> >Bringing consciousness to body felt sensations >Increased grounding, stability, activation of core, opening of the chest and heart chakra >Hollowing out of internal space, providing a container >Intuition is felt within the body as the driving force 	<ul style="list-style-type: none"> >Setting up the energy of the space >Providing a safe therapeutic container >Sense of congruence between clinician, client, and the space created together >Space becomes sacred 	<ul style="list-style-type: none"> >Fully attuned to the client: their energy, flow, body, spirit, movement qualities >Ability to recognize energy shifts of the clients within the room >Successfully recognize what does and does not belong to the clinician during session >Provide what the client needs in the here and now >Increased trust within the therapeutic relationship 	<ul style="list-style-type: none"> >Physically moving before, during, and after the session >Trust in the process: allow the transformation of the group to unfold organically >Allow clients to lead interventions >Listening to the body; allowing intuition to lead >Staying in the here and now 	<ul style="list-style-type: none"> >Remain nonjudgmental and open >Increase flexibility and adaptability >Allow for a conversation between mind and body >Clinician believes in themselves as a successful change agent
<i>Factors Inhibiting Presence</i>	<ul style="list-style-type: none"> >Decreased body awareness >Disconnect between mind and body >Mind feels disorganized >Tired, drained, foggy, slow, fatigued, stressed 	<ul style="list-style-type: none"> >No opportunity to set up the energy of the space >Disruptions from elements outside of the session >Confidentiality is breached >The space is no longer considered safely contained 	<ul style="list-style-type: none"> >Characteristics of the diagnosis/lower functioning groups >High levels of disorientation, anxiety, confusion, distress >Decreased client engagement >Client's needs are not met; therapeutic relationship suffers 	<ul style="list-style-type: none"> >Unable to physically move before the session >Increased verbal processing/decreased movement; working from a cognitive place >Imposing contrived interventions >No longer trusting process, or working in the here and now 	<ul style="list-style-type: none"> >Feelings of insecurity, self-doubt, and judgment >Believing the group is unproductive >Desire to make interventions "fit" >Self-indulging agendas >Body prejudice

Appendix G: Installation Free Association Writing

I was feeling nervous, and unsure. However in this moment I needed to trust my intuition and everything else I had learned during my entire research process. I entered the space, and attempted to create an open and accepting energy by moving intentionally around the perimeter. I began to move my body, finding grounding within myself. Increasing my bodily felt sensations, I began to bring greater attention to my breath, and the sensations within my torso. My mind continued to quiet. People began to take notice, and decided to join me in the installation. I welcomed their energy and began to take on what they were physically and energetically bringing to the space, incorporating the relational elements of my study. Themes began to unfold organically. More people began to join. Props within the space were moved freely and without judgement. Breath and stillness continually occurred. The space had truly become sacred. I continuously connected to each individual within the space, attuning to their needs on a bodily level, attempting to provide them with what I felt they needed in the here and now. My connection to presence continued to ebb and flow as individuals moved in and out of the space. A shift occurred as laughter and conversation began. It was welcomed as I continued to remain open and nonjudgmental towards whatever could happen in the here and now, noticing shifts in my own ability to remain present. As the energy shifted further and further into a cognitive place, I noticed my intuition telling me I was becoming less present. Cognitive beliefs of self-consciousness began to creep in. However I witnessed myself beginning to give into more of these inhibiting factors without judgement. I simply allowed this noticing to inform my decision to access more grounding and bodily felt sensations within myself. My presence and intuition became the driving force once again. Slowly conversations shifted into play, and the remaining individuals within the space began to explore with props and used each other for support during

balance. Props started to form a circle as I continually sought to contain a safe therapeutic space. Laughter shifted to a calm silence, followed by a group breath. Gradually, one-by-one individuals began to leave the space. I remained within the sacred environment, and began to move through the energy of what had just occurred—allowing the energy of those I had made contact with to move through, and eventually out of me. I walked the perimeter once again, ritualistically closing the sacred space, and took a final breath. The installation was complete.

Appendix H: Peer Auditor Contract

I, _____ agree to fulfill the role of "peer auditor" for Kaitlynn Sinke's heuristic inquiry to serve as a strategy for validation. I will be expected to meet with Kaitlynn Sinke once a month in order to review raw data, check cycles of analysis, and discuss her current understanding of the research questions in order to provide her feedback in terms of validity. I understand the purpose and nature of this study, and will be constructively providing honest feedback throughout the research process. I grant permission for the information generated from these meetings to be used in the process of completing a M.A. degree, including a thesis and any other future publication. I understand that my name and other demographic information that might identify me will not be used.

I agree to meet once a month at a private location for the minimum of 35 minutes for the following period of time January 2015-April 2015

Signature _____
(Peer auditor)

Signature _____
(Researcher)

Appendix I: Letter to Resonance Panel members

Dear _____,

Date _____

Thank you for your interest in my heuristic inquiry on the understanding of presence within my approach to dance/movement therapy with an elderly population experiencing dementia. I value the unique contribution that you will make to my study and I am excited about the possibility of your contribution to it. The purpose of this letter is to confirm some points that we have already discussed, and to confirm your attendance as a member of the panel.

In the process of this resonance panel, I am seeking comprehensive feedback in your area of expertise:(_____). In this way, I hope to answer the question: *How can I better understand the role of presence within my approach to dance/movement therapy as it relates to working in the here and now with an elderly population experiencing dementia?*

This resonance panel will serve as a validity check after my data analysis process, aiding in the explication phase of my heuristic inquiry. Through interacting with members on this resonance panel, I hope to bring forth further awareness and clarification to my study's findings and themes.

Through your participation as an expert panel member, I hope to understand my experience more comprehensively, and with a more objective lens. I value your participation and thank you for the commitment of time, energy, and effort.

Warmly,

Kaitlynn Sinke

Appendix J:

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NAME: Kaitlynn R. Sinke

TITLE OF WORK: The dance of here and now: A heuristic journey uncovering the role of presence while practicing dance/movement therapy with an elderly population experiencing dementia

SIGNATURE: _____

DATE: _____ **EMAIL:** kaitysinke@gmail.com

